



**Rhode Island HIT Strategic Roadmap
Implementation Plan**

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EXECUTIVE SUMMARY

The Rhode Island Executive Office of Health and Human Services (EOHHS), in cooperation with stakeholders across state agencies and community partners, developed this statewide Health Information Technology (HIT) Roadmap and Implementation Plan to promote alignment among existing efforts and guide future investments in HIT. The HIT Roadmap reflects needs and opportunities to improve the quality of our healthcare services, lower costs, reduce provider burden, and better serve the people of Rhode Island.

This implementation plan aligns work around the six roadmap strategies and associated tactics, detailing work, responsible group or entity, and timeline. It focuses initial activities on setting up coordinated statewide governance through a new public-private HIT Steering Committee and a state HIT Interagency Coordination Committee. These groups will be supported by a Planning Subcommittee to help align HIT efforts with broader statewide planning and health system transformation efforts.

Crucial work will also explore data availability and technology alignment to improve data access, promote the reuse of systems, and build capabilities to meet future needs. The HIT efforts will also support health system transformation, population health, and public health needs.

While implementation work is organized within each Roadmap strategy, the work is cross-cutting. Given limited resources, the work will need to be coordinated and aligned to prioritize efforts and to ensure that statewide HIT efforts are responsive to changing needs as they arise.

The HIT Steering Committee will be charged with monitoring this implementation plan and supporting the state HIT staff team in bringing stakeholders together to collectively achieve the work ahead.

FRAMING

Roles

HIT Steering Committee: The new public-private statewide coordinating governance entity charged with aligning stakeholders and guiding statewide HIT investments.

HIT Interagency Coordination Committee: Internal state agency team tasked with aligning HIT efforts within state government and coordinating, where possible, with the HIT Steering Committee.

State HIT Staff Team: Led by the State HIT Coordinator, this team includes embedded staff throughout EOHHS agencies and is responsible for implementing EOHHS HIT efforts and coordinating with external stakeholders.

Planning Subcommittee: A small subcommittee of the HIT Steering Committee tasked with prioritizing, preparing, researching, and presenting topics for HIT steering committee discussion and decision making to support statewide planning efforts.

Governance Initiation Development Team: A time-limited group focused on developing the HIT Steering Committee, including finalizing the scope of committee authority in a committee charter, recommending stakeholder representation, and developing implementation details necessary to initiate the committee.

The Roadmap also suggests other Workgroups as necessary.

Timeframe Definitions

The draft timelines listed in the implementation plan have been developed by the Brilljant consulting team as a starting place for prioritization and resource planning – *and we encourage ongoing community input into these components in this living document.*

- **Immediate** (0-3 months/July-October) – Foundational actions and highest priority initiatives to begin now
- **Near-term** (3-6 months/October-December) – Critical work important to start by the end of 2020
- **Mid-term** (6-12 months/January-June) – More complex or lower priority important to start by mid-2021
- **Long-term** (12-24 months/June 2021 and beyond) – Important to start in one year

IMPLEMENTATION PLAN

1. Governance and Coordination

The Roadmap begins with Governance, as the cornerstone of our ongoing planning and implementation effort. EOHHS envisions a robust public/private partnership working together to make strategic decisions about the future of HIT in the state.

Governance and Coordination: Create a new statewide public/private governance function in order to better align statewide HIT planning, development, and implementation with existing HIT systems and support collaborative decision-making.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
a. Create a coordinated governance structure for statewide HIT initiatives, including a public/private HIT Steering Committee		
<p>Create an ad-hoc Governance Initiation Development Team to develop the recommendations for a public-private HIT Steering Committee, addressing at least the following:</p> <ul style="list-style-type: none"> - Committee size and stakeholder constituencies represented - Process for selecting stakeholder representatives - Confirm initial workgroups needed and role of existing committees and workgroups - Identify priority projects recommendations for HIT Steering Committee to decide upon <p>The Governance Initiation Development Team will consist of representatives from state agencies and community partners.</p>	State Health Cabinet leadership with community input	Immediate
Identify and appoint agency and organization representatives for public-private HIT Steering Committee, including stakeholders representing hospitals, health plans, Accountable Entities, behavioral healthcare, long term services and supports, oral health, and consumers or patients	State Administration	Near-Term
Identify and appoint agency and organization representatives from the HIT Steering Committee to serve on the Planning Committee	HIT Steering Committee	Near-Term
Launch HIT Steering Committee	State HIT Staff Team	Near-Term
i. Create an HIT Interagency Coordination Committee		
Use the state Data Ecosystem Governing Board to also serve as an state HIT Interagency Coordination Committee and designate state agency members to serve on HIT Steering Committee	HIT Interagency Coordination Committee	Immediate
Create initial workplan for committee, and annually review workplan to guide priorities and efforts	Planning Subcommittee HIT Interagency Coordination Committee	Immediate, Ongoing
Review and update priorities and efforts annually to maintain workplan	HIT Interagency Coordination Committee	Ongoing
Create charter, decision tracker, communication schedule (external and internal), and process	State HIT Staff Team	Immediate

Governance and Coordination: Create a new statewide public/private governance function in order to better align statewide HIT planning, development, and implementation with existing HIT systems and support collaborative decision-making.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
ii. Identify roles and responsibilities of stakeholders engaged in new and existing HIT governance groups		
Confirm RACI (Responsible, Accountable, Consulted, Informed) detailing roles and responsibilities of governance groups, existing committees, and key stakeholders	HIT Steering Committee	Near-Term
b. Develop a standardized approach to collecting, evaluating, prioritizing, and initiating new technology investments and initiatives		
See processes and work identified in Statewide Planning 2.b.ii for planning and communication		
c. Develop a long-term sustainability plan to fund statewide HIT efforts, considering the sunseting of HITECH funding.		
See financial sustainability section in Statewide Planning 2.b.iii for detail		

2. Statewide Planning

Statewide Planning, which will be the key role of community partners and state leadership working together.

Statewide Planning: Develop HIT in sync with the rest of the state’s health planning, and not in a vacuum. Consider HIT needs during (and not after) program development to maximize efficiency, avoid duplication, promote long-term sustainability, and ensure that decisions about HIT development and implementation successfully support the statewide goals listed above. For example, when considering investments in community organizations for social determinants of health (SDOH), identify data and technology needs and work to ensure access to needed HIT.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
a. Establish ongoing planning processes to evaluate and prioritize state and community HIT needs that:		
i. Support Rhode Island’s health policy, population health, and health system transformation goals all aimed at improving health outcomes and promoting a more equitable healthcare system, especially through a race equity lens, as described throughout these planning documents		
ii. Address State program and policy data and technology needs		
iii. Promote patient perspectives and needs in statewide planning efforts		
iv. Align with health and community-based provider perspectives and needs , with a focus on efforts that help reduce provider burden and promote administrative simplification		
The State HIT Team will provide support to the Planning Sub-Committee, which reports to the HIT Steering Committee. The Planning Sub-Committee shall get assistance from experts in policy, technical, and financial analysis. If necessary, it will seek grant dollars or other funding to secure consultant help for these analyses.	State HIT team	Near-Term
Create process to evaluate HIT project needs with repeatable assessments and investigations including a process by which state agencies or private entities submit documentation of "intent to procure HIT systems" (that are either state-led or statewide). After review, the documentation submissions would go to the appropriate governance body (either the HIT Steering Committee or the HIT Interagency Coordination Committee). This submission will begin as a voluntary pilot, to determine how best to ensure that new systems can integrate and share data if necessary and be considered by other entities doing similar planning or procurement. Develop an HIT project form, project inclusion criteria, and project tracking mechanism for implementing this process.	HIT Planning Subcommittee	Near-Term
Develop a criteria guide and education materials to educate state policy staff on the role of coordinated HIT planning and governance efforts. State policy teams developing Medicaid initiatives, managing public health programs, or seeking grant funding should review the criteria guide to determine if the planning subcommittee should be consulted about new programs, initiatives, or grant requests.	HIT Interagency Coordination Committee	Near-Term
Develop a list of policy levers and proposed processes/considerations for including HIT initiatives in policy development, leveraging work by the Office of the National Coordinator for Health Information Technology (ONC), and the stakeholder assessment.	State HIT Staff Team	Near-Term
Review and make recommendations on what levers to use in advancing HIT initiatives.	HIT Steering Committee	Near-Term, Ongoing

Statewide Planning: Develop HIT in sync with the rest of the state’s health planning, and not in a vacuum. Consider HIT needs during (and not after) program development to maximize efficiency, avoid duplication, promote long-term sustainability, and ensure that decisions about HIT development and implementation successfully support the statewide goals listed above. For example, when considering investments in community organizations for social determinants of health (SDOH), identify data and technology needs and work to ensure access to needed HIT.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
Implement communication and outreach strategy to engage patients, consumers, and equity-focused groups in HIT planning and implementation efforts. Create a periodic reporting mechanism to share findings and insights with HIT Steering Committee.	State HIT Staff Team	Mid-Term, Ongoing
Identify staffing needs and develop a plan to assure the state has adequate resources to carry out these Roadmap activities within the designated timeline. Work with EOHHS leadership to determine possible staff additions.	HIT Planning Subcommittee	Immediate
Identify opportunities to support key healthcare arenas that have been disadvantages by previous HIT investments, such as behavioral health, oral health, and long-term services and supports. These activities may include: <ul style="list-style-type: none"> • Additional stakeholder engagement and landscape assessments • Exploring opportunities such as learning collaboratives, technical assistance, and support for HIT systems • Identifying funding streams to support their specific HIT needs 	State HIT Staff Team	Near-Term
b. Include policy, technical, and financial analysis in all planning efforts by:		
i. Identifying efficiencies including those made available by developing shared technical services. Examples of these include a centralized provider directory, master patient index, or single sign-on capabilities for multiple uses.		
The Planning Subcommittee should prioritize the planning for potential pursuit of these shared services, as they were identified by many Roadmap stakeholders. The Subcommittee should begin by carrying out focus groups with appropriate stakeholders, to more deeply explore the value of these services and determine desired use cases and potential funding. It will create a process for evaluating shared technical services identifying efficiencies and evaluating the following: <ul style="list-style-type: none"> - Feasibility - Benefits - Technical analysis - Policy and legal analysis - Integration - Interoperability - Prioritization - Resources needed/allocation 	Planning Subcommittee	Near-Term, Ongoing

Statewide Planning: Develop HIT in sync with the rest of the state’s health planning, and not in a vacuum. Consider HIT needs during (and not after) program development to maximize efficiency, avoid duplication, promote long-term sustainability, and ensure that decisions about HIT development and implementation successfully support the statewide goals listed above. For example, when considering investments in community organizations for social determinants of health (SDOH), identify data and technology needs and work to ensure access to needed HIT.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
<p>The Planning Subcommittee will build upon the stakeholder assessment completed during the HIT Roadmap creation and, on a regular basis, recommend to the HIT Steering Committee the following:</p> <ul style="list-style-type: none"> - Prioritized list of shared technical services to meet community needs and federal requirements including but not limited to <ul style="list-style-type: none"> o Those Required by the CMS Interoperability Rule <ul style="list-style-type: none"> ▪ ADT notifications (Fall 2020) ▪ Payer API access (January 2021) ▪ Payer to payer data exchange (January 2022) ▪ Dual eligible data exchange (April 2022) o Core Identity services such as provider directory, single sign on, or master person index o Other community needs such as a Community Referral (e-Referral), shared care plans, transitions of care, and linking of clinical, claims and social data - A summary of exploratory work to date - Key questions and considerations for discussion 	Planning Subcommittee	Mid-Term, Ongoing
<p>Upon advice of the HIT Steering Committee, the Planning Subcommittee will create a use case exploration process and begin evaluation of prioritized opportunities. The use case process will contain the following general elements:</p> <ul style="list-style-type: none"> - Initial identification and exploration by the idea champion - Exploration of business case, key data needed, funding sources and sustainability, value to stakeholders, and implementation timeline - Vetting by the planning sub-committee, relevant governance entities, and potential users - Initial pilot development with defined scope and funding, development of implementation guide - Widespread adoption and monitoring through conformance testing, utilization, and ongoing evaluation 	Planning Subcommittee	Mid-Term
<p>Over time, a use case workgroup, chartered by the HIT Steering Committee, may be needed to operationalize the use case framework</p>	HIT Steering Committee	Long-Term
<p>ii. Considering the implications of federal policy changes, such as the 21st Century Cures Act, the Centers for Medicare & Medicaid Services (CMS) Interoperability final rule, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, on the HIT Roadmap and statewide health priorities</p>		

Statewide Planning: Develop HIT in sync with the rest of the state’s health planning, and not in a vacuum. Consider HIT needs during (and not after) program development to maximize efficiency, avoid duplication, promote long-term sustainability, and ensure that decisions about HIT development and implementation successfully support the statewide goals listed above. For example, when considering investments in community organizations for social determinants of health (SDOH), identify data and technology needs and work to ensure access to needed HIT.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
Conduct ongoing policy analysis of federal policy changes and/or regulations related to HIT issues, including identifying the impact on and opportunities for state HIT planning: <ul style="list-style-type: none"> - As outlined above: 21st Century Cures Act and CMS Interoperability Final Rule (hospital ADT alerts, CMS-regulated payer info sharing through APIs, and provider directory info) - CARES Act (42 CFR Part 2 alignment with HIPAA; rule awaiting development by HHS and due by March 2021) 	State HIT Staff Team	Immediate
Identify and evaluate pertinent federal regulations related to HIT and data sharing, such as payment models, federal program participation requirements, and others.	State HIT Staff Team	Ongoing
Create recommendations for RI shared solutions to meet federal requirements	State HIT Staff Team & Steering Committee	Near Term
iii. Developing financial sustainability planning for all technical investments		
Develop Medicaid Enterprise System (MES) funding strategy for HITECH-funded initiatives, including an analysis of options and engagement with HIT Steering Committee to determine stakeholder support for shared funding.	State HIT Staff Team	Near Term
Identify future gaps in funding comparing 10% vs. 25% state match requirements, and develop alternate or collective funding options for shared, statewide technical services.	State HIT Staff Team	Near -Term
Develop MES APD for continuation of applicable HITECH-funded initiatives.	State HIT Staff Team	Mid -Term
Incorporate financing sources into HIT technology inventory (See 3.c below) <ul style="list-style-type: none"> - Identify coordinated funding sources to maximize federal financial participation - Coordinate with other states on financial sustainability strategies - Document HIT initiatives with funding sources and timelines to support future planning for HIT investment priorities - Communicate to coordinated governance groups 	State HIT Staff Team	
Develop process for grant coordination and needs.	State HIT Staff Team	Near-Term
Align to MES financial sustainability strategy and conduct discussions on coordinated sustainability planning with outcome measures, coordinated agency data reuse.	State HIT Staff Team	Long-Term
Develop shared sustainability plan in coordination with governance activities		
c. Evaluate Rhode Island’s reaction to the COVID-19 pandemic crisis; use what we learn to identify technology infrastructure and policies to address public health threats		
See Strategy #5: Public and Population Health		

3. Data Availability and Technology Alignment

The foundation of an effective HIT system is the data that it houses and the analysis that it facilitates.

Data Availability and Technology Alignment: 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. For example, identify data gaps in existing systems, and prioritize efforts to fill gaps based on how the data will be used to provide care or drive policy.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
a. Identify data sources and address data needs across systems and users by developing and implementing a plan to improve data collection, availability, and use		
Review the documentation of technology capability and data sources developed through the Planning sub-committee work.	State HIT Staff Team	Near-Term
Document technology type, data sources, vendor name, contract dates, developing functions, current/future data users, and capabilities.	State HIT Staff Team	Near-Term
Determine what data and technology gaps are present to inform future HIT infrastructure needs for clinical care, coordinated care, public health, and social needs.	State HIT Staff Team	Near-Term
Convene working group on data needs and challenges, as needed, to align plan across stakeholders, and capabilities.	State HIT Staff Team	Near-Term
b. Improve data quality and close data gaps by increasing adherence to federal and industry standards and aligning incentives to promote adoption and use		
Assess and document data gaps and needs to inform HIT technical investment priority process.	State HIT Staff Team	Near-Term
Develop data quality action plan to improve data usability for multiple stakeholder needs.	State HIT Staff Team	Mid-Term
Ensure that the HIT data inventory includes the current and evolving standards to improve the quality and close data gaps.	State HIT Staff Team	Mid-Term
Evaluate policy, payment, and contracting incentives to monitor and improve data completeness, quality, and availability.	State HIT Staff Team	Mid-Term
Assess tools to measure the data quality and gaps.	State HIT Staff Team	Mid-Term
Develop data quality improvement plan including actions for stakeholders, technical solutions, and policy incentives to improve ADT feeds for multiple stakeholder needs (PH, CMS rule), identifying the levels of infrastructure aligned to the technical systems catalog.	State HIT Staff Team	Mid-Term
Report out to community stakeholders on the data quality metrics and gaps, with recommendations on which data streams to address first (e.g., ADT feeds, ToC data, PH reporting data feeds).	State HIT Staff Team	Ongoing
c. Assess and inventory existing data availability, HIT systems, capabilities, and technologies to promote better alignment and coordination across organizations, and to determine potential for expansion or reuse. See the Current State Assessment for current initiatives and projects.		

Data Availability and Technology Alignment: 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. For example, identify data gaps in existing systems, and prioritize efforts to fill gaps based on how the data will be used to provide care or drive policy.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
Start with the Current State Assessment to identify technical capabilities, initiatives list, available data, and expand public health systems to build an inventory for review and prioritization.	State HIT Staff Team	Near-Term
Confirm scope and initiatives of state-only, state-led, and statewide HIT projects.	HIT Interagency Coordination Committee and HIT Steering Committee	Near-Term
For initiatives and systems under the scope of the HIT Steering Committee, document technology type, data sources, vendor name, contract dates, developing functions, current/future data users, and capabilities.	State HIT Staff Team	Mid-Term
Determine what data and technology gaps are present to inform future HIT infrastructure needs for clinical care, coordinated care, public health, emergency response, social needs, addressing health disparities and other policy goals.	HIT Steering Committee	Mid-Term
d. Evaluate data system integration opportunities to simplify collection and sharing of patient-level and community-level data		
Review the HIT inventory of data systems, data types collected, use, standards, integration points, and policy restrictions.	State HIT Staff Team	Mid-Term
Identify data integration opportunities to meet health priorities, such as race and ethnic equity and public health epidemiology.	State HIT Staff Team	Mid-Term
Evaluate EHR/CurrentCare gaps to meeting USCDI standards.	State HIT Staff Team	Mid-Term
Evaluate FHIR standard gaps (for patient access and population level records).	State HIT Staff Team	Mid-Term
e. Promote the use of standardized data-use agreements to reduce administrative burden		
Evaluate other states' models on standard data-use agreements (e.g., CA, CO).	State HIT Staff Team	Mid-Term
Compare data-use agreements and process (across agencies) to identify alignment points.	State HIT Staff Team	Mid-Term
Identify process/content to keep, delete, or improve data-use agreement alignment.	State HIT Staff Team	Mid-Term
Implement demonstration project to learn from standard data-use agreements, evaluate, and scale as needed.		Mid-Term, Ongoing
f. Develop an approach to connect claims, clinical, SDOH, and other high priority data needs		

Data Availability and Technology Alignment: 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. For example, identify data gaps in existing systems, and prioritize efforts to fill gaps based on how the data will be used to provide care or drive policy.

Implementation Steps	Responsible Team	Draft Consultant Recommended Timeframe
<p>Evaluate the feasibility of a multi-sector data aggregation solution to better improve population health and disparities. Use the Planning Sub-Committee and HIT Steering Committee use case evaluation processes to explore usability and constraints of reusing existing infrastructure such as Quality Reporting System, HealthFacts RI, and CurrentCare, including:</p> <ul style="list-style-type: none"> - Policy and legal barriers - Technical capabilities - Data sources and needs - Funding and sustainability models 	State HIT Staff Team	Near-Term
<p>Create and execute communication plan informing and educating stakeholders on data sources and technical capabilities available to meet interoperability and technology needs.</p> <p>See Communications Plan in Appendix A</p>	State HIT Staff Team	Mid-Term, Ongoing
<p>g. Develop data governance policies and procedures for shared services, connected data, and other prioritized data interoperability initiatives.</p>		
<p>Data governance should include:</p> <ul style="list-style-type: none"> - Data standards - Data collection/reporting requirements - Data management - Data storage - Data security - Aligned to RI data governance requirements 		
<p>Launch data governance management policies</p>		

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
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.		
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: <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
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		
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
Advance efforts to move CurrentCare to opt-out model with appropriate community engagement and privacy safeguards <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

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
Communicate RIDOH guidance on ToC documents	RIDOH	Immediate
Create ongoing plan to review and align RIDOH regulations	RIDOH	Mid-Term
Align state efforts with national policy changes	State HIT staff Team	Ongoing
Continue convening ongoing stakeholder meetings to address ToC use cases and stakeholder needs	New HIT staff person	Ongoing
Develop a longer-term technical solution, such as an electronic ToC short form via CurrentCare	RHIO, existing TOC workgroup	Mid-Term
iii. Increasing patient and provider access to health information by aligning efforts with federal policy changes		
Explore policy opportunities created by the CMS Interoperability Final Rule around data sharing and API access to payer data. Use HIT Steering Committee to make recommendations on further action such as shared investment opportunities or centralized access to information through existing infrastructure like RIQI.	HIT Planning Subcommittee	Near-Term
Increase communications of statewide HIT efforts and opportunities to provide input, such as through public committees and workgroups. Disseminate to patient organizations, health equity groups, and other venues.	HIT Planning Subcommittee	Mid-Term, Ongoing
iv. Use required data to identify care gaps and address health disparities using a race equity lens.		
Build on planning work in Data Availability 3.f, leverage use case process in Statewide Planning 2.b.i, and develop an implementation plan to advance clinical, claims, and SDOH data integration.	HIT Steering Committee	Mid-Term
v. Identify SDOH data needs and sources, and incorporate into technology planning		
Align the Planning Sub-Committee with Medicaid and other state agencies focused on SDOH to create a specific HIT SDOH plan, including the e-referral system under discussion.	State HIT Staff Team	Near-Term
In coordination with planning work described in Statewide Planning, create a unified process for data collection and sharing across the state that includes high priority SDOH data. Determine the system for data collection and how data will be collected, used, and shared.	HIT Steering Committee	Mid-Term
e. Advance telehealth initiative investments from the COVID-19 response by working to align efforts across payers, including Medicaid and commercial health plans and systems, including physical and behavioral health providers		
Work with inter-agency teams that are carrying out telehealth implementation activities arising out of COVID-19 response.	HIT Planning Subcommittee and State HIT Staff Team	

5. Public and Population Health

The majority of the factors influencing people’s health come from where they live, work, and play – and only 20% of health comes from the healthcare system, or a doctor’s office. Rhode Island is committed to addressing the social determinants of health and understanding the health of its population as a whole. And now, with the COVID-19 Pandemic, the state’s understanding of the importance of investments in public health is stronger than ever.

Public and Population Health: Use Health Information Technology to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data. For example, help eliminate health disparities by increasing the ability to collect data to inform policy and interventions using a race equity lens.

Implementation	Responsible Team	Draft Consultant Recommended Timeframe
a. Evaluate the lessons learned and opportunities from the public health data response to COVID-19 to develop and implement HIT solutions enhancing the existing public health surveillance, preparedness, and emergency response technical infrastructure.		
i. Align and integrate health data reporting requirements across stakeholders to support electronic laboratory testing, case reporting, and clinical investigations.		
Assess and prioritize additional public health reporting needs, starting with electronic lab reporting and electronic case reporting.	State HIT Staff Team	Near-Term
Begin work on electronic lab reporting and electronic case reporting by chartering a working group from RIDOH (including lab, epidemiology, and informatics), commercial and hospital laboratories, DoIT, RIQI, and providers to identify and gain consensus on data elements needed, using HIE infrastructure at RIQI to serve as a data aggregator/intermediary, and determining data and messaging standards to be used.	Planning Subcommittee	Near-Term
Develop draft implementation guide and obtain broader stakeholder input from data suppliers.	State HIT Staff Team	Mid-Term
Using policy lever process identified in Statewide Planning.	State HIT Staff Team	Mid-Term
Use HIT Steering Committee to vet policy options and, based on outcome, develop or amend regulations to reflect decisions.	HIT Steering Committee	Mid-Term
Implement necessary legal agreements to support sharing of data with RIQI as agent of RIDOH for these purposes, if needed.	State HIT Staff Team	Mid-Term
Prioritize implementation of labs for electronic lab reporting (ELR) through RIQI.	State HIT Staff Team	Mid-Term
Initiate implementation lab reporting through RIQI.	RIQI	Near-Team
Assess if sufficient data for electronic case reporting can be obtained via RIQI; if so, develop approach and priority list for implementing; Identify alternative strategy.	State HIT Staff Team	Mid-Term

Public and Population Health: Use Health Information Technology to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data. For example, help eliminate health disparities by increasing the ability to collect data to inform policy and interventions using a race equity lens.

Implementation	Responsible Team	Draft Consultant Recommended Timeframe
Continue exploring additional use cases such as immunizations (bi-directional exchange), electronic vital statistics, syndromic surveillance using the above process steps.	State HIT Staff Team with HIT Interagency Coordination Committee	Long-Term, Ongoing
ii. Augment available data from other data systems to inform public health response efforts for syndromic surveillance, contact tracing, and containment efforts		
Evaluate existing public health IT systems and determine if they need to be expanded or replaced and prioritize order to be addressed.	HIT Interagency Coordination Committee	Mid-Term
Identify policy needs such as whether to expand syndromic surveillance to urgent cares and/or PCPs.	State HIT Staff Team	Mid-Term
Vet policy options, via HIT Steering Committee, and make recommendations to HIT Interagency Coordination Committee regarding developing or amending regulations (e.g., require syndromic surveillance reporting of all urgent cares, etc., and send through RIQI).	HIT Steering Committee	Mid-Term
Communicate with impacted stakeholders and create an approach to implement policy.	State HIT Staff Team	Long-Term
Assess needs related to data collection for surveillance at LTC facilities, etc.	State HIT Staff Team	Near term
b. Streamline data collection and reporting to reduce provider burden including leveraging existing technical investments that report data, measure quality, and support bi-directional exchange data (e.g., the Quality Reporting System)		
Identify what data PCPs need to report to RIDOH, payers, and others, including format, frequency, etc. (Initial focus on KIDSNET/immunizations, TOC, syndromic surveillance, and case reporting).	State HIT Staff Team	Near-Term
Compare datasets sent to QRS or RIQI (CurrentCare or dashboards) to identify if some of the data reporting needs could be met by using QRS or data being sent to RIQI. If not, identify what other data elements and data standards need to be collected so those systems can be leveraged to supply necessary data.	State HIT Staff Team	Mid-Term
Prioritize systems/data based on need and burden to providers and streamline data collection; use policy lever process in Statewide Planning 2.b.iv.	HIT Steering Committee	Mid-Term
Assess policy levers and incentives to increase participation and use.	State HIT Staff Team	Mid-Term
c. Expand solutions for efficient use and reuse of health data as noted above, to better understand and improve population health and eliminate health disparities		

Public and Population Health: Use Health Information Technology to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data. For example, help eliminate health disparities by increasing the ability to collect data to inform policy and interventions using a race equity lens.

Implementation	Responsible Team	Draft Consultant Recommended Timeframe
Assess the benefits to integrate clinical, claims, and social data to assess community needs.	State HIT Staff Team	Near-Term
Evaluate the feasibility of a multi-sector data aggregation solution using the RIDOH/state population health planning and the metrics identified to determine if additional data are needed, or need to be linked, in or across aggregated data systems such as HealthFacts RI, the State Data Ecosystem, and CurrentCare, etc., to better improve population health and disparities, with a race equity lens.	State HIT Staff Team	Near-Term
Determine options, including how to address barriers to adding to or linking across data sets that in combination can provide necessary information, to present to HIT Steering Committee for adoption	State HIT Staff Team	Mid-Term
Confirm funding model for potential multi-sector data solution.	State HIT Staff Team	Mid-Term
Use policy lever process in Strategic Planning 1.a.iv to address barriers and promote data collection.	State HIT Staff Team	Mid-Term
d. Promote technology adoption, improving patients' access to their health information		
Work with patient access groups on health equity priorities to identify HIT needs.	State HIT Staff Team	Mid-Term
Create a consumer-focused workgroup to develop strategies to enhance patients' ability to access their information based on the information obtained.	HIT Steering Committee	Mid-Term
Assess patients' current level of knowledge, interest in, and ability to access their own health information, including enablers and barriers by conducting easy to understand multilingual surveys and focus groups.	Consumer-focused Workgroup	Mid-Term
Align federal policy requirements advancing patient access to electronic health information to identify gaps in current RI patient-facing technology (e.g. SSO, APIs).	HIT Steering Committee	Near term
Assess feasibility of implementing CMS Interoperability Rule patient access to data through APIs through a statewide shared process	HIT Steering Committee	Near-Term
Create and execute public communication plan informing and educating on patient access to health information (see Communications Plan in Appendix A).	Consumer-focused workgroup	Mid-Term

6. Best Practices

The safety and security of our healthcare system is the state’s highest priority in the development of HIT.

Best Practices: Implement technology best practices and industry standards throughout the HIT environment in Rhode Island. For example, ensure secure, efficient use and sharing of information that leverages best practices in interoperability, cybersecurity, and patient and provider engagement.		
Implementation	Responsible Team	Draft Consultant Recommended Timeframe
a. Ensure statewide HIT systems meet applicable state and federal laws, regulations, and best practices with a special focus on privacy and security requirements by:		
i. Creating a privacy and security workgroup under the new governance structure that can serve as a resource across the state		
Develop privacy and security workgroup charter and workplan.	State HIT Staff Team	Near-Term
Recruit workgroup members.	State HIT Staff Team	Near-Term
Make recommendations to enhance privacy and security of HIT systems throughout the state.	Privacy and Security workgroup	Ongoing
Identify staffing and provide meeting support, meeting development and facilitation.	State HIT Staff Team	Near-Term
ii. Promoting the use of federal and industry standards and best practices to improve interoperability		
Incorporate standards review process into use case development and project implementation processes.	Planning Subcommittee	Near-Term
iii. Assessing whether existing state laws need to be amended to support best practices, and developing shared interpretations of regulations		
Use policy lever process described in Statewide Planning 2.a.iv and the HIT Steering Committee to implement as topics are identified.	State HIT Staff Team	Ongoing
b. Use state policy levers to promote best practices and support community and academic collaboration to:		
i. Educate the healthcare workforce and the public on the role, value, and use of HIT		
Explore opportunities to present at conferences, workshops, and community events to advance knowledge about the role of HIT.	State HIT Staff Team	Ongoing
Include these educational materials in Communication Plan listed in Appendix A.	State HIT Staff Team	Ongoing
ii. Leverage lessons learned locally as well as from other states		
Engage New England States Consortium Systems Organization (NESCO), ONC, CMS and other resources to stay informed about HIT efforts in other states and leverage learnings where possible.	State HIT Staff Team	Ongoing
Maintain list of cross state/regional HIT efforts.	State HIT Staff Team	Mid-Term, Ongoing
Inform leadership and stakeholders through Communication Plan listed in Appendix A.	State HIT Staff Team	Ongoing

APPENDIX A: HIT ROADMAP AND IMPLEMENTATION PLAN COMMUNICATIONS RECOMMENDATIONS

Initial Roadmap and Implementation Plan Communications

- Initial rollout of roadmap and implementation plan by email and posting to EOHHS website
- Consider community meetings by Zoom or in person when safe to do so
 - Promote awareness and build stakeholder buy-in with this community roll-out
 - Share strategies, tactics, and initial implementation work
 - Communicate ways for stakeholders to stay connected and engaged with implementation efforts
- Consider a press release to communicate a summary that can be shared in media outlets and through social media.

HIT Email List

- Work with EOHHS Communication Staff to continue to build out an HIT email list to provide easy updates and subject-matter communications to interested stakeholders
- Consider group segmentation/topics over time
- Aim to send out updates at least monthly
 - Provide updates on projects/ key initiatives
 - Communicate about upcoming engagement activities and meetings
 - Solicit feedback from stakeholders

EOHHS HIT Website

- With the EOHHS Communications Staff, create a central website (or easy to find pages on the EOHHS website) to share information, store documents, and communicate initiative updates. Create the following types of pages:
 - HIT Team and broad work introduction
 - HIT Roadmap and Implementation Plan
 - Monthly Updates (from above)
 - Pages for specific initiatives
 - HIT Steering Committee
 - Meeting materials and notices
 - Other HIT/HIE Committees
 - CurrentCare
 - QRS
 - Other HIT initiatives (refer to HIT project scope)
 - Industry information, such as policy information, cross-agency projects
 - HIT use case list
- Allow a way for stakeholder questions or feedback, such as a generic email address

Social Media

- Work with EOHHS Communications Director, to include HIT topics on EOHHS or member agency social media accounts, such as Facebook, Twitter, or LinkedIn

APPENDIX B: HIT INITIATIVES

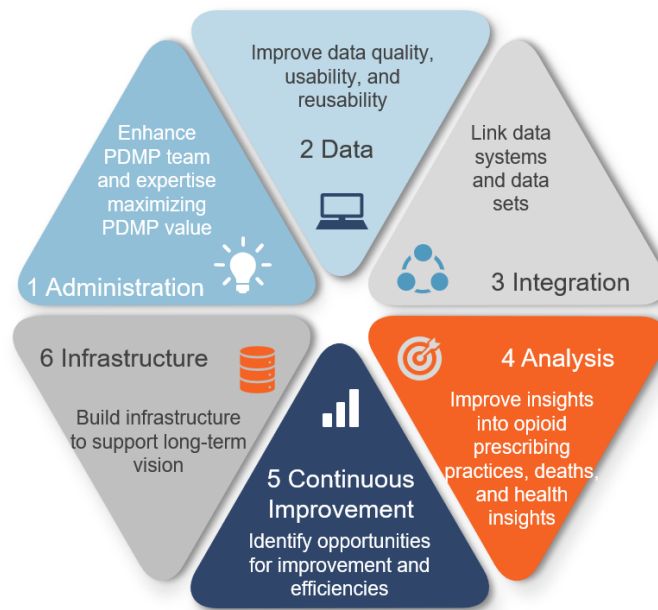
Project Definitions:

<p><u>State-only</u></p> <p>State agency specific projects, led and funded by state agency resources</p>	<p><u>State-led</u></p> <p>Public-private HIT projects, led and funded by state agency resources</p>	<p><u>Statewide</u></p> <p>Public-private HIT projects with statewide reach and participation by private, community stakeholders</p>
	<p><u>Community partners</u></p> <p>Private health systems, hospitals, payers/health plans, community organizations outside the public state agencies that collaborate, implement, and use, or can potentially use data and technical solutions</p>	

State Only Examples
MMIS, including RI Bridges
State Data Ecosystem
HealthFacts RI
RIDOH Public health registries
KIDSNET
PDMP
State-Led Example
Quality Reporting System (QRS)
Statewide Examples
CurrentCare
Care Management Alerts and Dashboards

APPENDIX C: PDMP VISION, STRATEGY, AND TACTICS

PROVIDE INSIGHT INTO MEDICATION UTILIZATION IN RHODE ISLAND TO OPTIMIZE HEALTH OUTCOMES OF ACUTE AND CHRONIC DISEASES



PDMP Strategic Priorities

Administrative – Enhance PDMP administrative functions, team expertise, and external functions to maximize PDMP value and utility

- Enhance human resources and expertise to reach PDMP strategic vision and purpose.
- Measure improvements by quantifying reduced provider burden, surveillance efforts, and correlation with expanding opioid efforts.
- Identify automation opportunities to support PDMP administrators reducing manual processes and interventions.
- Continue ongoing communication with public and private stakeholders enhancing transparency and promoting progress in expanded PDMP vision and use.
- Evaluate additional uses beyond health in a systematic, repeatable way identifying decision process.

Continuous improvement – Identify opportunities for improvement and efficiencies across PDMP users, stakeholders, and strategies

- Improve PDMP features and usability in current views and integrated systems.
- Strive for efficient and flexible updates reducing end-user provider impact.

- Improve usability of PDMP data by integrating into provider workflow and features across small and large health systems.
- Evaluate data to identify what can be done to close data gaps and improve data quality.
- Improve integrations and globally make changes to all integrated systems through process and technical solutions.
- Monitor and utilize emerging standards improving data availability, quality, and use.
- Identify additional access and use needs for user populations, including delegates.
- Improve access to cross-state data sharing by identifying security, technical, policy, and processes for alignment.

Data – Improve use of PDMP data and flexibility of data systems

- Improve PDMP data reporting and data quality.
- Expand access to PDMP data for broader health uses.
- Expand use of PDMP data and flexibility of data systems for repeatable configurations.
- Expand reported medications data to the PDMP from controlled substances to all medications.
- Create a glidepath for expanding PDMP data collection from scheduled drugs and mental health drugs to all medications evaluating:
 - 1) data source(s) and availability,
 - 2) data quality,
 - 3) benefits and/or constraints, and
 - 4) impact to treatment, surveillance, and research questions.
- Understand and scale available data elements from available sources.

Integration – Leverage and utilize existing data sources

- Link data sets from identified RIDOH and external data sources.
- Leverage and utilize existing data sources.
- Improve PDMP usability, sustainability, and flexibility of EHR/HIE integrations.
- Identify availability and feasibility of additional data sources, data sets, and technology needed to reach PDMP vision and purpose.
- Maximize use of interstate hubs for out of state data for approved purposes and uses.

Analysis – Improve insights into opioid prescribing practices, deaths, and broader medication insights through focused questions creating a learning health system

- Identify a robust PDMP data research strategy and research questions for policy, research, public health, and operational insights.
- Determine questions beyond opioid research use cases.
- Manage data gaps and plan for closing data gaps and availability.

Infrastructure – Architect and build infrastructure to support long-term PDMP vision

- Support integrated, reusable infrastructure with appropriate policies and data use agreements.

- Enhance reporting capabilities for required measure reporting while reducing provider burden.
- Identify roles and responsibilities of integrated data sources and reusable, shared technology services across public and private stakeholders.
- Define the scope and plan for integration to meet short term and long-term goals.