Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #8
November 6, 2015

Agenda

#	Topic	Time	Leader
1	Welcome and Introductions	10:05 – 10:15	Patrick Roohan
2	Opening Remarks	10:15 – 10:20	Paul Francis
3	HIT Report • Due 12/1	10:20 – 10:50	Patrick Roohan
4	SHIN-NY Update • Statewide Patient Lookup • Regs Update	10:50 – 11:10	Jim Kirkwood
5	APD Update • APD RFP • Regs Update • NYSHF Report	11:10 – 11:30	Chris Nemeth
6	NAHDO Meeting Summary	11:30 – 12:00	Mary Beth Conroy Chris Nemeth
7	2016 Workgroup Focus	12:00 – 12:45	Patrick Roohan
8	Discussion and Next Steps	12:45 – 1:00	Patrick Roohan

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HIT Report

Patrick Roohan
Director
Office of Quality and Patient Safety

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Health Information Technology Workgroup Charge

- The HIT workgroup is charged to:

  - focus on the State's Health Information Technology infrastructure

  - develop recommendations for the state to move to a more comprehensive health claim and clinical data base

  - submit an interim report to the governor and legislature on December 1, 2014

  - **submit a final report to the governor and legislature on December 1, 2015**

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Table of Contents of the Report

- Executive Summary

- Workgroup Background and Charge

- Health Information Technology: Foundational to Health Policy, Planning and Promotion

- New York State Data Sources: A Vision of the Future

- How Evolving Health Information Technologies Support Health Reforms in New York State

- Overview of New York State's HIT Infrastructure

- Findings and Recommendations

- Conclusion

Findings and Recommendations

1. Efforts to implement the SHIN-NY must continue

2. The APD must be continued to be supported through full implementation inclusive of all payers

3. All health data collected must be discrete, meaningful and reliable

4. Development of a common set of measures to support the Advanced Primary Care Model is essential

5. Provider liability with respect to evolving electronic HIT must continue to be monitored and evaluated

6. Mechanisms for the collection of non-clinical data should continue to be explored

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Comments Received

SHIN-NY Update

James Kirkwood
Director
Health Information Exchange Bureau
Office of Quality and Patient Safety

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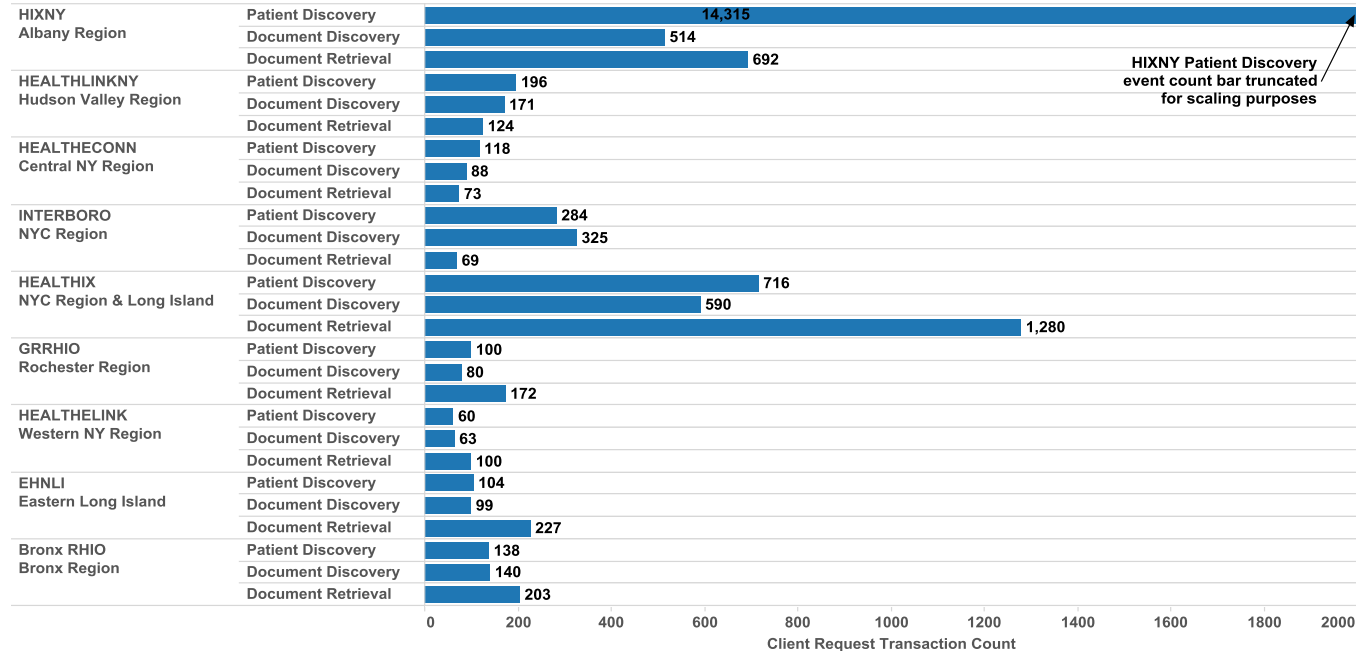
SHIN-NY Regulations

- Regulation appeared in State Register on November 4th, 2015

    - 45 day comment period ends on December 21st, 2015

- Assuming no significant changes, regulations would go into effect March 2016.

- The proposed rule can be found at:
  http://w3.health.state.ny.us/dbspace/propregs.nsf/Proposed%20Rule%20Making/

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Statewide Patient Record Lookup: Current Status

- All RHIOs are live and exchanging data

- In September, transactions were low as many RHIOs were still connecting and pilot testing with their providers

- Response times to queries is on average 6 seconds for record retrievals

- There are currently 30,615,000 total patients available across the SHIN-NY of which approximately 2.5M unique individuals have data linked across multiple RHIOs

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Statewide Patient Record Lookup Transactions by RHIO: September

Start: 2015-09-01 00:00:00
End: 2015-09-30 23:59:59

RHIO	Transaction Type	Count
HIXNY Albany Region	Patient Discovery	14,315
	Document Discovery	514
	Document Retrieval	692
HEALTHLINKNY Hudson Valley Region	Patient Discovery	196
	Document Discovery	171
	Document Retrieval	124
HEALTHECONN Central NY Region	Patient Discovery	118
	Document Discovery	88
	Document Retrieval	73
INTERBORO NYC Region	Patient Discovery	284
	Document Discovery	325
	Document Retrieval	69
HEALTHIX NYC Region & Long Island	Patient Discovery	716
	Document Discovery	590
	Document Retrieval	1,280
GRRHIO Rochester Region	Patient Discovery	100
	Document Discovery	80
	Document Retrieval	172
HEALTHELINK Western NY Region	Patient Discovery	60
	Document Discovery	63
	Document Retrieval	100
EHNLI Eastern Long Island	Patient Discovery	104
	Document Discovery	99
	Document Retrieval	227
Bronx RHIO Bronx Region	Patient Discovery	138
	Document Discovery	140
	Document Retrieval	203

HIXNY Patient Discovery event count bar truncated for scaling purposes

Client Request Transaction Count

The above chart show counts of transactions that may include test transactions from Statewide Patient Record Lookup on-boarding activities that occurred in the month of September.

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Statewide Patient Record Lookup Transaction Duration
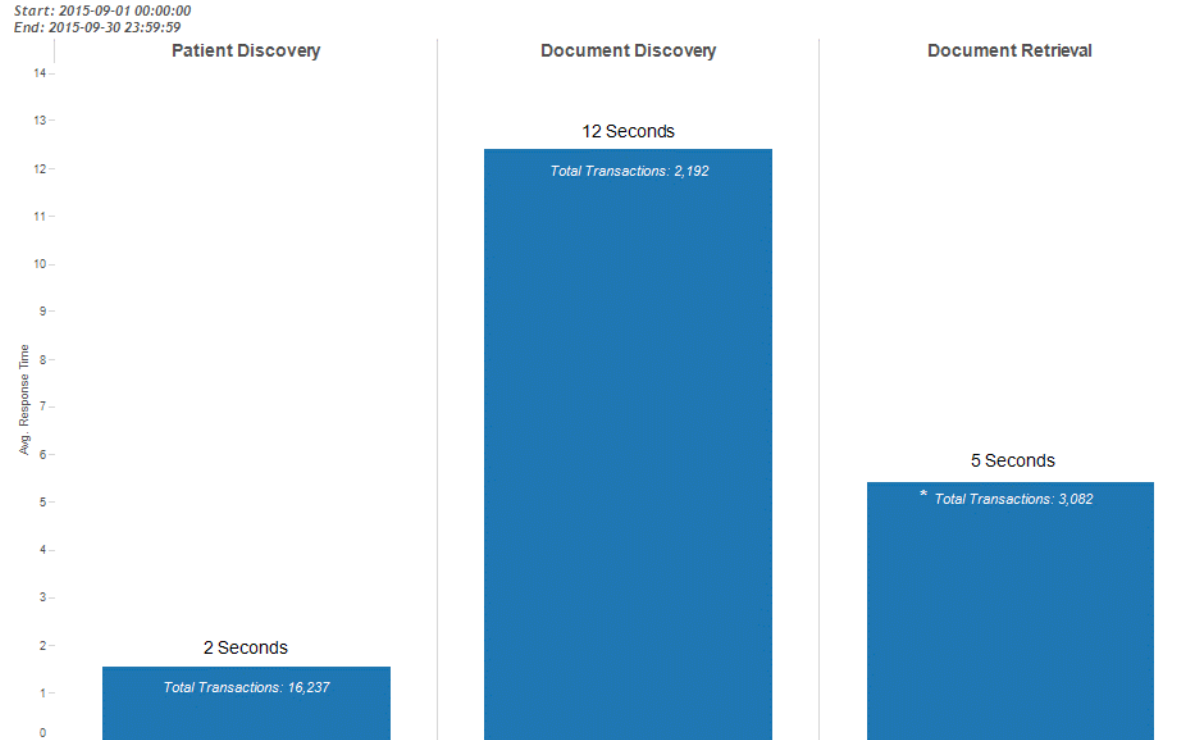
* **Note:** A single "Document Discovery" transaction may result in mutliple "Document Retrieval" transactions.

Number of Patients in the Statewide Master Patient Index

As Measured on November 2nd, 2015

	# Patient Identities	# Overlapping Patients w/ Other QEs	% Overlapping Patients w/ Other QEs
GRRHIO Rochester Region	2,904,648	279,337	10%
HEALTHELINK Western NY Region	2,432,607	247,720	10%
HEALTHECONN Central NY Region	1,551,338	194,134	13%
HIXNY Albany Region	3,081,369	207,326	7%
HEALTHLINKNY Hudson Valley Region	1,114,558	298,122	27%
BRONX RHIO Bronx Region	2,203,336	619,047	28%
HEALTHIX NYC Region & Long Island	16,764,803	1,660,731	10%
INTERBORO NYC Region	2,022,218	866,799	43%
EHNLI Eastern Long Island	1,083,633	430,935	40%
Total Identities	33,158,510	4,804,151	14%
Total Unique Identities (EIDs)	30,615,533		

- A single patient may have multiple identities at multiple RHIOs
  - These patients are counted multiple times in the total identities count and are therefore
- The "Total Unique Identities" is the count of unique patient identities in the Statewide Master Patient Index.

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Statewide Master Patient Index Patient Overlap between RHIOs

As Measured on November 2nd, 2015

	% HEALTHELINK	% GRRHIO	% HEALTHECONN	% HIXNY	% HEALTHLINKNY	% BRONX	% HEALTHIX	% INTERBORO	% EHNLI
HEALTHELINK Western NY Region		8%	2%	0%	0%	0%	0%	0%	0%
GRRHIO Rochester Region	7%		2%	1%	0%	0%	0%	0%	0%
HEALTHECONN Central NY Region	2%	4%		4%	2%	0%	1%	0%	0%
HIXNY Albany Region	0%	1%	2%		3%	1%	2%	0%	0%
HEALTHLINKNY Hudson Valley Region	0%	1%	3%	7%		12%	15%	2%	1%
BRONX RHIO Bronx Region	0%	0%	0%	1%	6%		22%	9%	0%
HEALTHIX NYC Region & Long Island	0%	0%	0%	0%	1%	3%		5%	3%
INTERBORO NYC Region	0%	0%	0%	0%	1%	10%	38%		1%
EHNLI Eastern Long Island	0%	0%	0%	0%	1%	1%	39%	1%	% Overlap 0 ▭ 8
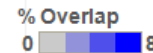
- Patient overlap between RHIOs in the Statewide Master Patient Index (Statewide Master Patient Index) is shown:
  - For example, 12% of HealthLinkNY Patient identities also have identities at Bronx RHIO.
- If a single patient appears in more than 2 RHIOs, that patient is counted multiple times in this matrix.

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SHIN-NY Focus Moving Forward

- Improve quality of statewide patient lookup

- Focus on provider adoption and usage RHIOs establishing goals as part of their workplans

- Increase the quality and completeness of data

- Establish contribution requirements based on Meaningful Use dataset
  - Would be the requirement of those required to participate in the regulations
  - Could require more specificity in parts of clinical document that is shared
    - Example: plan of care and demographics
  - Contribution requirements would become part of policy guidance

APD Update

Chris Nemeth, Director
All Payer Database Development Bureau
Office of Quality and Patient Safety

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APD Updates

1. Regulation update

2. APD vendor selection

3. Status of Medicaid data submission through the data intake system

NAHDO Meeting Summary

Mary Beth Conroy, Director
Division of Information and Statistics
Office of Quality and Patient Safety

Chris Nemeth, Director
All Payer Database Development Bureau
Office of Quality and Patient Safety

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What is the APCD Council?

- The All Payer Claims Database (APCD) Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based APCDs.

- The APCD Council is convened and coordinated by the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO).

www.apcdcouncil.org

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What is NAHDO?

- The **National Association of Health Data Organizations** (NAHDO) is a national non-profit membership and educational association dedicated to improving health care data collection and use.

- Membership includes state and private health data organizations that maintain statewide health care databases and stakeholders of these databases.

- NAHDO is a cofounder and member of APCD Council.

    https://www.nahdo.org/annual_conference

NYS Involvement with APCD Council / NAHDO

- New York routinely participates in APCD Council webinars and informational sessions

- New York State has been a member of NAHDO for 30 years

- New York State holds a seat on the NAHDO Board of Directors

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Meeting Topics and Discussions

- Keynote address (Day 1) by Dr. Richard Kronick, Director of AHRQ

- Keynote address (Day 2) by Dr. David Brailer on "HIT's Second Decade"

- Data Management and Dissemination

- Data Analysis and Applications

- Data Release and Sharing from a Public Health Standpoint (*NYS Session*)

- Data Stewardship

- Using APCDs for Transparency (*NYS Session*)

- All meeting material is posted on NAHDO.org

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Who Attends these Meetings

- Federal Representatives (CDC, CMS, AHRQ)

- State Data Representatives

- Health Plans

- Vendors

- Academic Institutions

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Meeting Takeaways: Quality/Patient Safety

- As the nation implements alternative payer model reforms, it is increasingly important to monitor quality and patient safety
  - e.g. avoidable readmissions due to early discharge / short stays
- Quality measures must be sensitive to payment model shifts, parsimonious and not gameable

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Takeaways: Data Synergy

- The critical importance of a synergy of hospital discharge data systems and APD claim data
  - Discharge data are truly all payer - contain self-pay, self-insured, Medicare Advantage, etc.
  - Consistent data release policies
  - Robust analytical schemas for data grouping
  - Maintain data collection efforts
  - Make "siloed" data available in a standardized format
- States with implemented APCDs stressed the limitation of claims-only data for comprehensive measurement of care, and quality and systems level innovation efforts
- Future opportunities exist for outcomes measurement through linkages with EMR data
- Areas of future development include dovetailing of claims, clinical and patient experience data, along with social determinants of health

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Takeaways: APD Business Case

- Big Data and technology strides will mean little if greater public awareness and engagement is not realized, sooner rather than later

- People respond to 'stories' and directly actionable information

- Concerns on how to engage the large segment of the population with low health literacy: how does meaningful health quality information get disseminated/utilized efficiently in the simplified world of Yelp reviews and crowdsourcing?

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Takeaways: Demonstrate APD ROI

- Rate Review Activities
  - spending trends
  - state based/regional risk adjustment
- Reports on chronic disease spending; bending the cost curve
- Potentially preventable health care event reporting
- Health care market transparency
- Continue to merge <u>existing</u> datasets for advanced analytics; add clinical data; use data for broader health care reforms
- Continue to actively work to bring <u>more datasets</u> together – e.g., social determinants of health

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Takeaways: HIT Rising Challenges

- "Break the Red Tape" – EHRs meeting the needs of physicians and patients, not federal program requirements http://breaktheredtape.org/

- HIE Adoption

- Patient Inconvenience – Consumers want access to their health data
  - NH is the only state where patients "own" their health care data

- Rising use of health apps/medical devices/wearable devices, none are HIPAA certified, less than 5% are HIPAA compliant

- New Models of Care / Telemedicine / The "On Demand Doctor"

- The insecurity of healthcare data

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Some Highlighted State APCD Efforts

- Compare Maine http://www.comparemaine.org/

- Vermont Blueprint for Health http://blueprintforhealth.vermont.gov/

- Utah Healthscape http://utahhealthscape.org/

- Colorado Total Cost of Care https://www.comedprice.org/#/home

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2016 Workgroup Focus

Patrick Roohan
Director
Office of Quality and Patient Safety

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Workgroup Focus in 2016

- Focus will shift to providing guidance to the State Health Innovation Plan (SHIP and the grant to support it (State Innovation Model (SIM) Grant)

- Continue to provide guidance on the APD and SHIN-NY – two major components of the SHIP

- Will intersect with other SHIP workgroups:

  - Integrated Care

  - Workforce

  - Access to Care

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HIT is a Critical Enabler and Pillar to the SHIP

Goal	Delivering the Triple Aim – *Healthier people, better care and individual experience, smarter spending*				
Pillars	**Improve access to care for all New Yorkers, without disparity** Elimination of financial, geographic, cultural, operational barriers access appropriate a timely way	**Integrate care to address patient needs seamlessly** Integration of primary care, behavioral health, acute and post-acute care; and supportive care for those that require it	**Make the cost and quality of care transparent to empower decision making** Information to enable individuals and providers to make better decisions at enrollment and at the point of care	**Pay for healthcare value, not volume** Rewards for providers who achieve high standards for quality and individual experience while controlling costs	**Promote population health** Improved screening and prevention through closer linkages between primary care, public health, and community-based supports

Enablers			
	Workforce strategy	A	Matching the capacity and skills of our healthcare workforce to the evolving needs of our communities
	Health information technology	B	Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation
	Performance measurement & evaluation	C	Standard approach to measuring the Plan's impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation

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Objectives for the Transparency, Evaluation, and HIT Workgroup

Create a statewide HIT infrastructure that supports the goals of the Triple Aim through:

- Implementation of a **Statewide Health Information Network of New York (SHIN-NY)** that facilitates health information exchange to improve care coordination and reduce duplication

- Implementation of an **All-Payer Database** to increase health quality and price transparency, inform policy, enable improvements in quality and performance, and inform benchmarking and comparisons

- Development of a process for **ongoing alignment of measures and technology** to evolving health needs for the State of New York, starting with an APC scorecard

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Measurement Alignment and Development

NYS has worked to align performance measurement across:

- DSRIP – core measures for pay for reporting and pay for performance
- SIM – Advanced Primary Care measures, overall health care measures
- Prevention Agenda – population measures included in SIM and DSRIP
- QARR – measures of health plan performance

Analytic alignment

- For Medicaid, standard measures for DSRIP QARR are produced for all enrollees
- Allows for analysis of: health plans, Performing Provider Systems, counties
- Potential Model for APD

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Technology Alignment and Development

Master provider data – NY is working to align provider data needs across:

- QHPs, Medicaid managed care and Child Health Plus
- Department of Financial Services – mandated network review
- APD
- SHIN-NY
- Programmatic and regulatory functions of DOH

Master Patient Index

- APD (required in current procurement)
- SHIN-NY
- DSRIP/Medicaid

Support / Interactions with Other Workgroups

Access to Care Workgroup Recommendations

- Consumer Transparency:

  – Advocate for access-related data (e.g. disability access/languages spoken at provider sites) to be collected and publicized.

  – Specify how practice-level data can be presented to consumers

- Patient-level Data Collection:

  – Provide mechanisms to include non-clinical data to address social determinants of health and promote population health

  – Require certain types of providers (e.g. retail clinics, urgent care) to be linked into the SHIN-NY via an EHR to improve completeness of patient data

  – Include information on disability status in standard EHR format

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Critical Path Challenges to Address

- Ensure regulations are in place for commercial payers to upload data to APD

- Keep roll-out of APD on schedule, including start of warehousing and analytics vendor selected through RFP

- Create infrastructure that feeds back data to providers and payers in a way that is both digestible and timely to help drive care improvements

- Increase uptake of HIE resources across the state, with improved incorporation into primary care provider workflows

- Manage constraints, including political, to increase health information transparency

- Develop transparency tools for individuals, payers, providers and policy makers

- Promote adoption through DSRIP PPSs and direct outreach to providers

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Discussion and Next Steps

**Patrick Roohan
Director
Office of Quality and Patient Safety**

Next meeting January 15, 2015

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