Project Implementation Collaborative – Project 3.g.i
Meeting Notes

Project: 3.b.i. Palliative Care Integration

Date and Time: Thursday, November 19, 10-11 AM

Agenda	o **Welcome and Introductions** o **Updates and Announcements** o **Presentation: HIT and Reporting** o **Next Meeting/Next Steps**
Meeting attendees	o **Facilitator:** Craig Stevens o **Content Presented by:** Joe Reilly , Lauren Wetterhahn o **PIC members:** Barbara Fero, Beverly Aubin, Bonnie Muffett, Calvin Barrett Dawn Sampson, Denise Rife, Eva Butler, Jeanne Chirico, Jeffrey French, Joan Dadey, Judy Setla, Kevin Matthews, Lisa Volo, Lori Decker, Michelle Palumbo, Mindy McMin, Peter Sinatra, Stacey Keefe o **Note-taker:** Sarah Genetti
Major points of discussion & decisions:	o Recently Approved Payment Policy calls for the creation of regionally based coalition to be providing palliative care services ▪ This is still an ongoing conversation, but for now we are hoping to start with a clinical workgroup. o 3gi Clinical Workgroup ▪ We are looking for providers or nurses with palliative care experience, particularly from the rural areas to join this clinical work group ▪ Judy Setla- concerned that by limiting the workgroup to clinical folks, may be missing important feedback from the operational and IT staff ▪ The clinical workgroup will be reporting back to this PIC for larger representation. Additionally, we hope that clinical workgroup members are able to represent their organization as a whole and present the operational and HIT impacts. o CNYCC HIT Infrastructure Overview ▪ Population health management (PHM) = integrated infrastructure (people, process, technology) to conduct prevention efforts & implement evidence-based practices in order to keep populations healthy ▪ Historically have attempted to conduct PHM with single org's data. Goal of PHM is to combine multiple data sources (clinical, claims) for more comprehensive view of patient's health. ▪ Data sources for PHM include: State, MCOs, partner EMRs, CBOs ▪ Data that will be available is what we agree to capture at patient level ▪ PHM software system will enable data management, standardization ▪ PHM system should enable partners to: ▪ Identify patients at risk – financial, emerging clinical

        - Coordinate care delivery – care plans, alerts
        - Improve performance on DSRIP goals (metrics)
    - PHM system differs from RHIO in that RHIO is encounter-based system
    - We will be creating a data dictionary with the data elements from the project metrics that we will need from partners to report to the state.
- IHI expedition- Dr. Mathews and medical group- we have identified end stage pulmonary disease and take a look at that.
    - Patients admitted to the hospital, with a PCP in the medical group, with at least 2 hospital admissions in a 6 month period.
    - Identifiers of chronic disease- we were drilling down much more specifically, but our EMRs make that not easily attainable. Additionally, reporting at admissions is not always complete
    - It is a challenge to identify these people between the hospital and the primary care practices.
    - Would be helpful to have IT person speak with Joe- good use case to see the type of data that partners need
- Project 3gi Quality/Outcomes Metric Review
    - 5 measures for this project:
        - Advanced Directives- talked about appointing for Health Decisions
        - Depressive Feelings- % of members who experiences some depression feeling
        - Risk adjusted $% of members who had sever or more intense daily pain
        - Risk adjusted % of members who's pain was not controlled
        - Risk Adjusted % of members who remained stable or demonstrated improvement in pain .
    - Two types of payment: Pay for reporting (Year 2-3), Pay for performance (Year 4-5)
        - That state will provide goals for performance metrics that will impact payment
    - Data sources: some to be reported by the PPS (Clinical data-EMR, PHM, CAHPS) and others provided by the state (claims, 6 month lag)
        - CNYCC is looking to replicate the state provided data to have more timely data before the state claims data
- Project 3gi HIT Requirements
    - Use EHRs and other technical platforms to track all pts engaged
    - Next steps: CNYCC finalize definition of engaged pt, provide data collection documentation to partners
        - work with partners/vendors to figure out how to flag these pts
        - how to track and report in a consistent automated way
- CNYCC intends to develop cohorts of partners to work together to implement these HIT requirements

Next steps & plans for next meeting:	o Next meeting (12/17/2015)- hope to have a clinical workgroup meeting before then and have a report back. o Send Craig/Lauren recommendations of clinical workgroup member. o Craig to draft a charter for work group's charge and relation to the PIC