HIT PIC
March 11th 2016 10AM-12PM
Welcome, Introductions, Recap

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  • Health Information Technology  
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HIT PIC

Purpose

• Sounding board for DSRIP IT requirements across **ALL PROJECTS**
• Special emphasis on project 2.a.i – developing an integrated delivery network

What

• Collaborative venue for IT resources across the partner network
• Alignment of local IT strategic planning with collaborative level HIT strategic planning
• Communication link for IT related updates/Issues to partner organizations

Who

• Partner organization’s IT leadership and identified DSRIP IT Leads
• Partner organization’s DSRIP Coordinator
Relationship Between PICs

HIT PIC

Exploration, Vetting and Development Of Technical Solutions

Project & Primary Care Transformation PICs

Clinical & Operational Requirements Development
Agenda

1. IT Requirements Review
   - DSRIP Requirements Review

2. CNYCC IT Current State Assessment
   - Assessment Overview and Timeline
   - Phase 1 HIT Readiness Survey Findings

3. Meaningful Use
   - Overview and requirements clarification

4. Data and Security
   - Update on Data and Security work being completed by CNYCC

5. Population Health Management
   - Update on CNYCC’s PHM Vendor Selection Process

6. Upcoming Meetings of Interest
   - Joint IT and Operational PCMH Meeting
   - Next Meeting:
     - Friday, May 20th, 2016, 10:00 AM – 12:00 PM

7. QA/Next Meeting
IT Requirements Review
<table>
<thead>
<tr>
<th>Project Requirements</th>
<th>Requirement Types</th>
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<tbody>
<tr>
<td>• Health Information Exchange (HIE) and Interoperability</td>
<td>• Project Level</td>
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<tr>
<td>• Meaningful use certified EMR</td>
<td>• Target system level capabilities</td>
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<tr>
<td>• Workflow Automation</td>
<td>• May not be applicable to all partners</td>
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<td>• Documentation Requirements</td>
<td>• Partner Level</td>
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<tr>
<td>• Patient Centered Medical Home (PCMH) 2014 Level 3 Standards</td>
<td>• Specific to identified provider types, tracked and reported to NYSDOH</td>
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<td>• Infrastructure Development</td>
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<td>• Partner Infrastructure Developments</td>
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<td>• CNYCC Shared Infrastructure Developments</td>
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<tr>
<td>• Metrics/Deliverable</td>
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<tr>
<td>• Specific task necessary to meet requirement</td>
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<tr>
<td>• Data Source(s)</td>
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<td>• Information necessary to support completion of metric</td>
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### DSRIP IT Requirements Review

CNYCC will provide an appendix of HIT-related requirements on our website.

<table>
<thead>
<tr>
<th>Project Requirement</th>
<th>Metric/Deliverable</th>
<th>Data Source(s)</th>
<th>Unit Level</th>
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</thead>
<tbody>
<tr>
<td>Achieve 2014 Level 3 PCMH primary care certification and/or meet state determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.</td>
<td>1. Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.</td>
<td>1. Status reporting of recruitment of PCPs, particularly in high-need areas; Demonstration of improved access via CAHPS measurement</td>
<td>Project</td>
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<td></td>
<td>2. All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.</td>
<td>2. List of participating NCQA-certified and/or APC approved physicians/practitioners (APC Model requirements as determined by NY SHIP): Certification documentation.</td>
<td>Provider(PCP)</td>
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<td>3. EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)</td>
<td>3. Meaningful Use certification from CMS or NYS Medicaid or EHR Proof of Certification</td>
<td>Project</td>
</tr>
<tr>
<td>Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.</td>
<td>1. EHR meets connectivity to RHIO’s HIE and SHIN-NY requirements.</td>
<td>1. QE participation agreement; sample of transactions to public health registries; Evidence of DIRECT secure email transactions</td>
<td>Provider (SN:PCP, Non-PCP, Hospital, BH, SNF)</td>
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</table>
DSRIP IT Requirements Review

**Project Requirements**
Achieve 2014 Level 3 PCMH primary care certification and/or meet state determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.

**HIT Metric**
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)

**Survey Questions:**
- Does your organization currently use Direct messaging?
- Do you utilize the EMR for reporting?
- Is your practice or are practices in your organization currently NCQA PCMH recognized?
Requirements Review

Global Milestones

DSRIP Provider Requirements

Technical Requirements
- MU Certified EMR
- PCMH 2014 Level 3

Operational Requirements

Functional Requirements
- RHIO Connection
- Data Sharing
- Reporting
- Direct
- Workflow Automation
Provider Type
- Clinic
- Hospital
- PCP
- Behavioral Health

Safety Net Status
- Safety Net
- Non Safety Net

DSRIP Project
- Integrated Delivery system
- Patient Activation
- PCP and BH Integration

Functional Area
- EMR
- MU
- PCMH
- Direct
- Data Sharing

**Overall Readiness**
Taking into account all variables: How ready are we to move towards value based payments, and what functional areas do we need to improve upon?
<table>
<thead>
<tr>
<th>Phase</th>
<th>Functional Areas</th>
<th>Tier 0</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Related Survey Concepts</th>
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<td>MU Certified</td>
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<td>Stage 2</td>
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<td>Less than 2014 L3</td>
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<td>1) Supported Data Types 2) Acquisition/Implementation Plans</td>
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<td>Call Management</td>
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<td>P1</td>
<td>Direct Messaging</td>
<td>Utilizing Direct Messaging</td>
<td>Not Utilizing Direct Messaging</td>
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<td>1) Integration with EMR 2) Supported Message Types 3) Ability to Create Custom Message Types</td>
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<td>No RHIO Agreement</td>
<td>RHIO Agreement</td>
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<td>Sharing Data With the RHIO</td>
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<td>No PHM Tools</td>
<td>PHM Tools</td>
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<td>1) System Capacity vs Utilization 2) Supporting Workflows and Processes</td>
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<td>Workflow Automation</td>
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<td>Care Management/Coordination</td>
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**Survey Functional Areas**
- Tier 0
- Tier 1
- Tier 2
- Related Survey Concepts

**Survey Topics**
- EMR
- PM
- MU Certified
- MU Attestation
- PCMH Certified
- EMR Reporting
- Analytics Tool
- EMR Alerting
- Patient Portal
- Call Management
- Direct Messaging
- RHIO SHIN-NY
- RHIO Data Sharing
- Population Health Management
- Registries
- Risk Stratification
- Documentation Requirements
- Workflow Automation
- Care Management/Coordination
CNYCC IT Current State Assessment
IT Readiness Assessment

Goals

- Identify current state capabilities
- Update information on record from past surveys/site visits
  - Reports summarizing previous responses will be available for all applicable partners
- Categorize partners into tiers based on DSRIP requirements and readiness
- Use as a tool to identify and plan for next steps

Format

- Survey Tools
  - General IT questions
  - Detailed project readiness questions
By developing processes to assess the current state and needs of partners, CNYCC can provide the right oversight, align the right IT resources according to need, and help ensure partners are on the path to achieve CNYCC DSRIP goals and objectives.

**CNYCC IT Gap Assessment**

- Confirm any changes since previous survey
- Understand project-specific capabilities (11 DSRIP projects)
- Collect additional IT program detail

**Categorize partners based on responses**

- Tier 1, 0: No systems; need to identify solutions
- Tier 2: Need to upgrade, enhance current systems
- Tier 3: Small enhancements/revisions
Phase 2 HIT Readiness Survey Reminder

- Phase 2 Survey and Data Dictionary were initially distributed 2/24/2016

### Phase 1 General Assessment
- General Assessment
  - EMR(s)
  - HIE Connectivity
  - PCMH
  - Meaningful Use

### Phase 2 Project Specific Assessment
- Project Specific
  - Workflow Automation
  - Registries and Risk Stratification
  - Documentation Requirements
  - Care Management/Coordination

### Work plans
- DSRIP
  - EHR Implementation or Upgrade
  - Data Sharing, Interface build
  - Certification Plans
  - Reporting and Attestation plans
Data Dictionary

Quality and Outcome Measures Documentation Requirements

Actively Engaged Patients

PIC defined registries and high risk patients

Data Elements
### Assessment and Planning Process - Original Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>25-Jan</th>
<th>1-Feb</th>
<th>8-Feb</th>
<th>15-Feb</th>
<th>22-Feb</th>
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<th>7-Mar</th>
<th>14-Mar</th>
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<td>Distribute partner-specific materials for DSRIP IT project planning</td>
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## Assessment and Planning - Updated Timeline

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**Phase 1 Sent**

**Phase 2 Sent**
CNYCC IT Current State Assessment
Phase 1 HIT Readiness Survey Findings
Phase 1 HIT Partner Readiness Survey
Overall Results
Phase 1 HIT Readiness Survey Findings

EMR Summary
• 68/87 Submitted Partners Have an EMR
• Ten Vendors Account for 60.87% of all Instances
• ~50 Different Identified EMRs in our PPS Network

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Market Share</th>
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<tbody>
<tr>
<td>Medent</td>
<td>20.87%</td>
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<tr>
<td>Epic</td>
<td>11.30%</td>
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<td>Greenway (Vitera)</td>
<td>6.52%</td>
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<tr>
<td>Meditech</td>
<td>4.78%</td>
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<td>GE Centricity</td>
<td>3.91%</td>
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<td>eClinical Works</td>
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<td>NextGen</td>
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<tr>
<td>Netsmart</td>
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<td>SigmaCare</td>
<td>2.17%</td>
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<tr>
<td>McKesson Paragon</td>
<td>1.74%</td>
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Phase 1 HIT Partner Readiness Survey

EMR Summary

- EMR Adoption
- EMR Alerting
- EMR Reporting
- MU Certification
Phase 1 HIT Partner Readiness Survey

PHM Summary

- Population Health Tool
- EMR - Risk stratification
- EMR - PHM Reporting
- EMR - Care Management
- EMR - Patient Attribution
<table>
<thead>
<tr>
<th>Project Name</th>
<th>Analytics Tool</th>
<th>Direct Messaging</th>
<th>EMR</th>
<th>EMR Alerting</th>
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Next Steps

• Aggregate and Curate Phase 2 Survey Data and apply to our analysis.
• Send out additional information requested regarding:
  • Analytics
  • Population Health Management
  • HealtheConnections and their services
  • Vendor Selection process for EMRs and Practice Management systems
• Create and define cohort specific work plans
Meaningful Use
Overview and requirements clarification
Who is an Eligible Professional under the Medicaid EHR Incentive Program?
Eligible professionals under the Medicaid EHR Incentive Program include:
- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

What is an Eligible Hospital under the Medicaid EHR Incentive Program?
- Acute care hospitals (including Critical Access Hospitals and cancer hospitals) with at least 10% Medicaid patient volume
- Children's hospitals (no Medicaid patient volume requirements)
MU Overview and requirements clarification

• **Meaningful Use Certified EMR**
  • MU Certified EMR(s) are certified specifically for the EHR Incentive Programs.
  • Certified EMR technology gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria.
  • Certification also helps providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information.

• **Meaningful Use Attestation**
  • is the process of documenting that an organization or individual has successfully demonstrated meaningful use and is successfully fulfilling the requirements for electronic health records (EHR) and related technology.
The foundation of a MU Certified EMR ensures a practice or hospital can achieve:

- Advanced clinical processes
- Improved outcomes
- Stage 3
- Stage 2
- Stage 1
MU Overview and requirements clarification

Clinical
- Computerized Physician Order Entry
- E-prescribing
- Vitals
- Integrated Labs and Radiology
- Electronic Med Rec

Patient Centered
- Electronic demographics
- Smoking status
- Interventions
- Patient Education/Reminders
- Portal Access
- Visit Summaries

Compliance
- Risk Management Process
- Security analysis
- HIPPA Compliant

Core Measures
Data and Security

Data and Security work being completed by CNYCC
Data and Security work being completed by CNYCC

Dual Factor Authentication
Access Control, Security Suite, Monitoring
SFTP
Execution
Maintenance
Education

Medicaid Data Environment (Azure)

Policies and Procedures

Regulatory Requirements (NIST, HIPPA, STATE)
FUTURE STATE

• Azure Hosted Servers
• Secure FTP to Server
  • Multi-factor Authentication
• Network Isolation
  • Separate Domain that CNYCC controls independent of ISP or IT Vendor
  • Users and Groups Managed by CNYCC
• Server Monitoring and Auditing software to protect sensitive data.
  • Third party contract to aid in detailed auditing (e.g. Alien Vault, Trend, Kaspersky)
• Strong “rightsized” policy infrastructure to govern all data that comes in contact with CNYCC
  • Policy and procedures that are concise, executable and repeatable
Population Health Management
CNYCC Vendor Selection Process
CNYCC has …

• Begun a major journey to select and implement a PHM tool
• Committed to building an integrated environment
• Recognizes the value of having measurable benefit targets
• Plans to measure the PHM tool success based on value achievement

Implement and Realize the Full Benefit of the PHM tool

*The Focus of our PHM Implementation*
Establishing Benefits Realization Framework

1. **Establish a Benefits Realization Executive Sponsor**
   - Ginny Opipare

2. **Conduct Interviews**
   - Leadership committees, executive team members

3. **Evaluate Findings**
   - Create full list of potential benefits

4. **Visioning Session**
   - Review findings, identify 6-10 implementation target benefits

5. **Incorporate into Planning Process**
   - Identify benefit owners, identify metrics, include in planning process

6. **Post Implementation**
   - Ongoing current benefits monitoring and new benefits prioritized and added
Population Health Regional Approach

- PHM System
- 6 Counties
- 40 + EMR Data Sets
- 200,000 Medicaid/Uninsured Patients
What PHM processes will CNYCC need?

1. COLLECT
   Aggregate Data

2. DEFINE
   Population Identification

3. ASSESS
   Health Assessment

4. STRATIFY
   Risk Stratification

5. ENGAGE
   Enrollment / Engagement Strategies

6. MANAGE
   Management / Interventions

- Tailored Interventions
- Care Coordination
- Disease / Case Management
- Health Risk Management
- Health Promotion / Wellness

Analytics

Care Management
Engaging patients where they are...physically
  home | school | work | shopping | in the clinic

...in the way that works best for them
  email | text | internet | phone | video | face-to-face
Upcoming Meetings of Interest

Joint IT and Operational PCMH Meeting
Joint IT and Operational PCMH Meeting

Primary Care Transformation PIC
Please register for the second Practice Transformation PIC on Friday March
https://attendee.gotowebinar.com/register/8244238612981452033

After registering, you will receive a confirmation email containing information about
joining the webinar.
Q&A/Next Meeting

Friday, May 20th, 2016, 10:00 AM – 12:00 PM
FIN