

Colorado SIM HIT
Implementation
Strategy and
Roadmap
Development Project

Status Update and Framework Feedback Opportunity

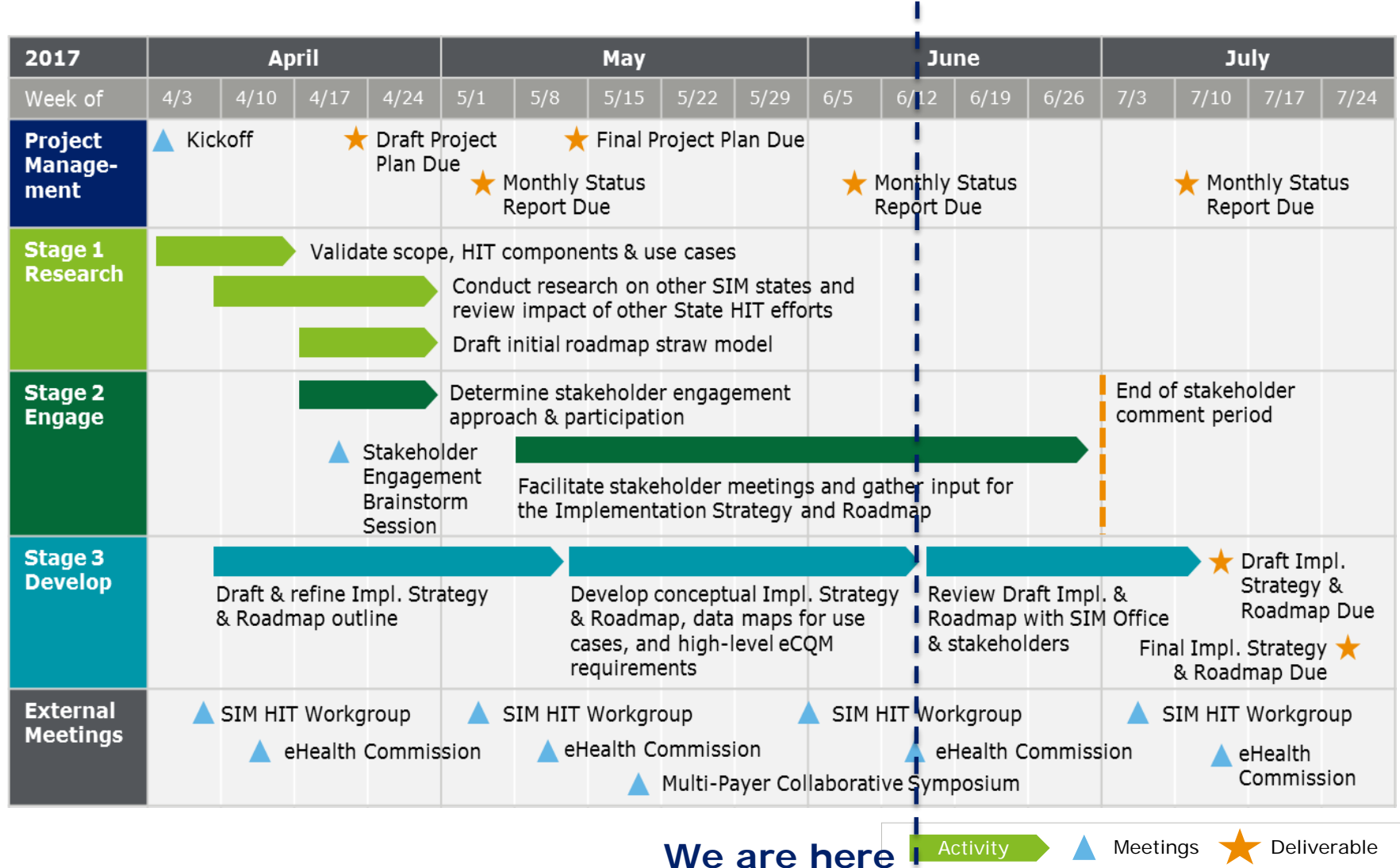
Colorado eHealth Commission

June 14, 2017

Project Status

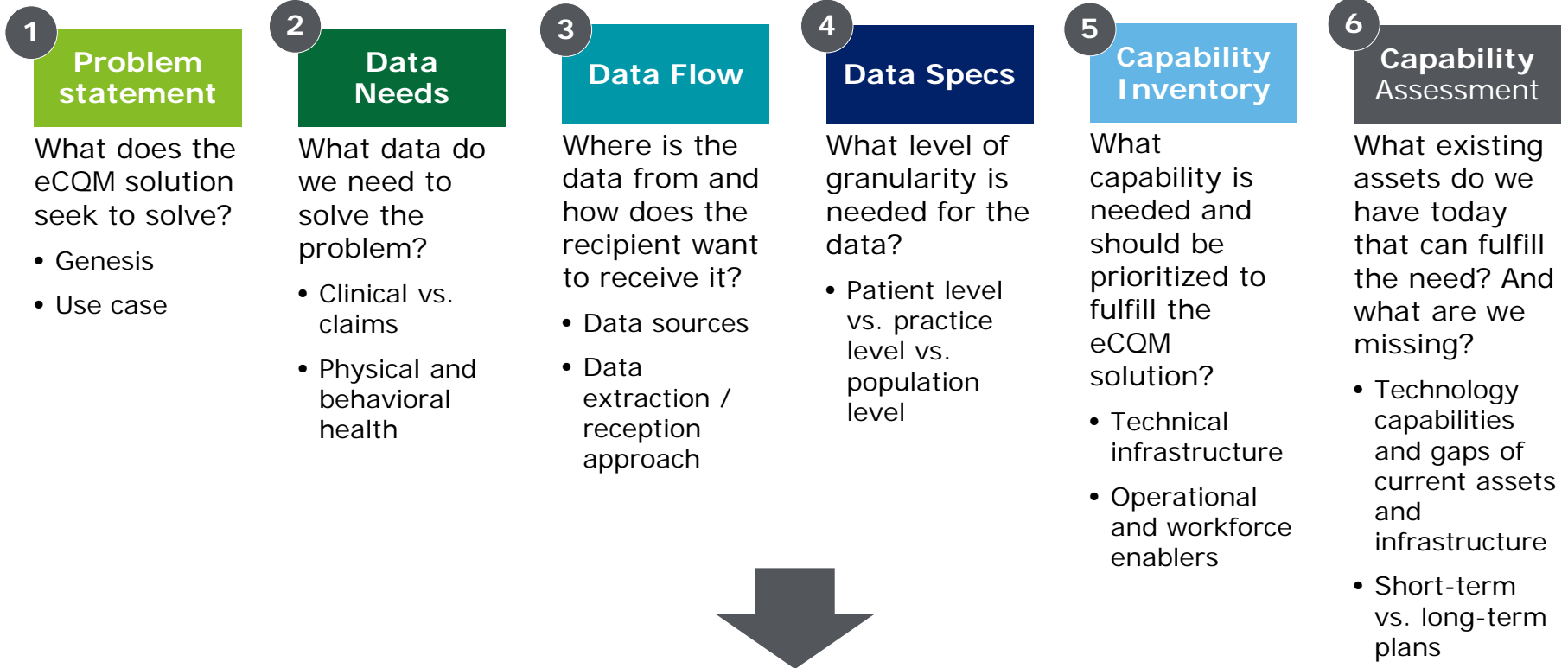
Project Approach and Schedule

Initial stakeholder input has been collected, insights formed; June includes review of conceptual framework based on those meetings



Six Key Decision Points Needed to Inform eCQM Recommendation

The methodology below has informed options for the solution



eCQM Solution Recommendation

Initial Findings of Stakeholder Meetings

Stakeholder Engagement Process

By next week, 25 meetings would have been conducted to gather stakeholder input to inform eCQM solution development

PROVIDER

- CU School of Medicine - Dr. Lisa Schilling & Aaron Van Artsen
- Mental Health Center of Denver – Wes Williams & Angela Oakley
- C4 (Hospital CIO group)
- UC Health CIO – Steve Hess
- Children’s Hospital – Jeff Harrington & Dana Moore
- Centura Health – Dr. Creagh Milford, Dr. Steve Milligan, Paul Staley & Brian Mayo

COMMERCIAL PAYER

- UnitedHealthcare – Dorien Rawlinson & Julie Turcheck
- Rocky Mountain Health Plans – Patrick Gordon, Lori Stephenson & Kim Brown
- Anthem BCBS – Julie Schilz & Kevin Barger

GOVERNMENT PAYER (HCPF)

- HIO – Chris Underwood
- Medicaid – Gretchen Hammer
- Medicaid ACC Program – Susan Mathieu
- Client & Clinical Care Office – Judy Zerzan & Curt Curnow
- Client & Clinical Care Office – Leah Brooke
- Rates & Payment Reform – Shane Mofford
- DSRIP Program – Matt Haynes
- Medicaid – Laurel Karabatsos

In addition, the following HIT entities or organizations have been or will be interviewed to understand HIT capabilities, gaps or organizational vision for eCQM: MMIS/BIDM, CORHIO, QHN, CIVHC, CCMCN, QMRT/SPLIT, and Multi-Payer Collaborative via OHSU.

Stakeholder Meetings Have Revealed Some Consistent Themes

Validating SIM investment opportunities, eCQM value proposition will continue



Larger provider systems may be building eCQM extraction capabilities themselves. *Need to report clinical quality measures to Medicare (MSSP, for example) has driven need to build tools internally to extract and report.*



Payers seem to be focusing on using claims-based quality measures to measure performance, at least in near-term. *Reliability of “self-reported” data, resources needed to gather data from medical records (hybrid calculation methodology) are considerations.*



Colorado Medicaid is just beginning to think through architecture and process to collect quality measures required for value-based payment. *Range of options for reporting are being explored for primary care APMs, including spreadsheet and MAPIR.*



Provider burden reporting multiple quality measures to multiple organizations was discussed. *Measure alignment was consistently discussed, tools that can support “reporting once” would be most meaningful.*



It seems trust is an challenge for providers and payers related to data quality/integrity and sharing. *A longstanding issue between payers and providers was acknowledged; a State solution that supports trust building could strengthen the future value proposition.*



Fundamentally, capabilities such as data validation, consent management and MPI/MPD were desired. *Even if providers had built capabilities internally, there is interest in CO SIM providing some specific capabilities; specific clinical data scientist technical assistance is also mentioned*



Existing technology assets within Colorado could provide many/all* capabilities required for eCQM extraction and reporting. *There is clearly the ability to build upon what the State has invested in already, pending validation of scaling capabilities, i.e. HIE, Stratus, QMRT, BIDM (*research is still ongoing)*

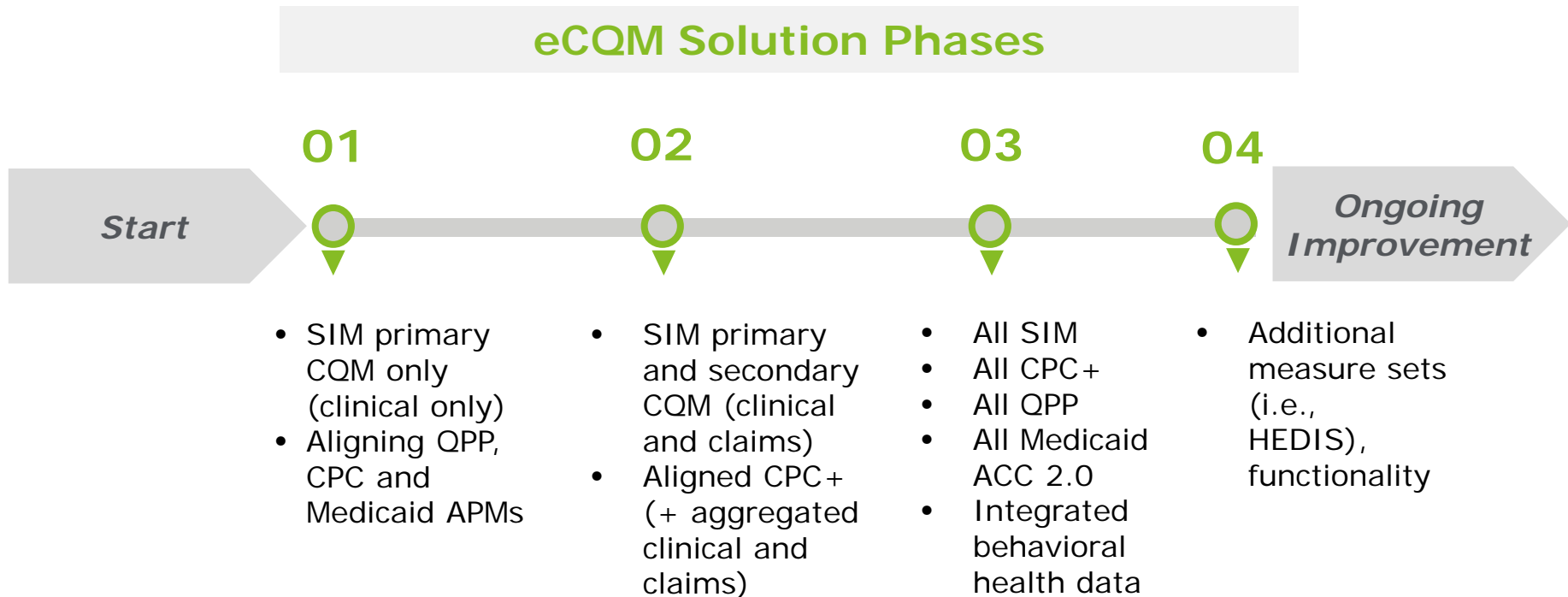
Initial Recommendations Align with Data Validation Workgroup

As exploration of options for architecture and roll-out are developing, is there consensus around the following assumptions/tenants of the solution?

Key Assumptions/Tenants of Developing Solution

- **Design to the goal:** Allowing Colorado SIM providers to participate in value-based payment arrangements that require reporting of electronic clinical quality measures while minimizing the burden to do so
- **Minimize complexity initially:** A complex set of capabilities needed to extract and report eCQMs; however, the more that the solution offers, the more complex the funding, support, and operations may become
- **Explore two models of varying degrees:** Cost, data security, maintainability/sustainability, governance, technical feasibility of federated vs. centralized model still being considered as interviews continue over next two weeks
- **Phase-in eCQM capabilities:** A phased approach to onboard capabilities to enable solution to achieve maximum value, while minimizing complexity
 - ✓ Use measure sets as primary driver of capability on-boarding
 - ✓ Enable some measures on Day 1 – not 100% of SIM measures reported / extracted
 - ✓ Prioritize initially those requiring only clinical data

Measure Sets Provide Potential Roadmap for Onboarding Capabilities



Initial Direction for Solution Aligns with Data Validation Workgroup

Exploring options for architecture and roll-out; white board session with SIM Office and initiative alignment with State HIT Roadmap discussions planned in June

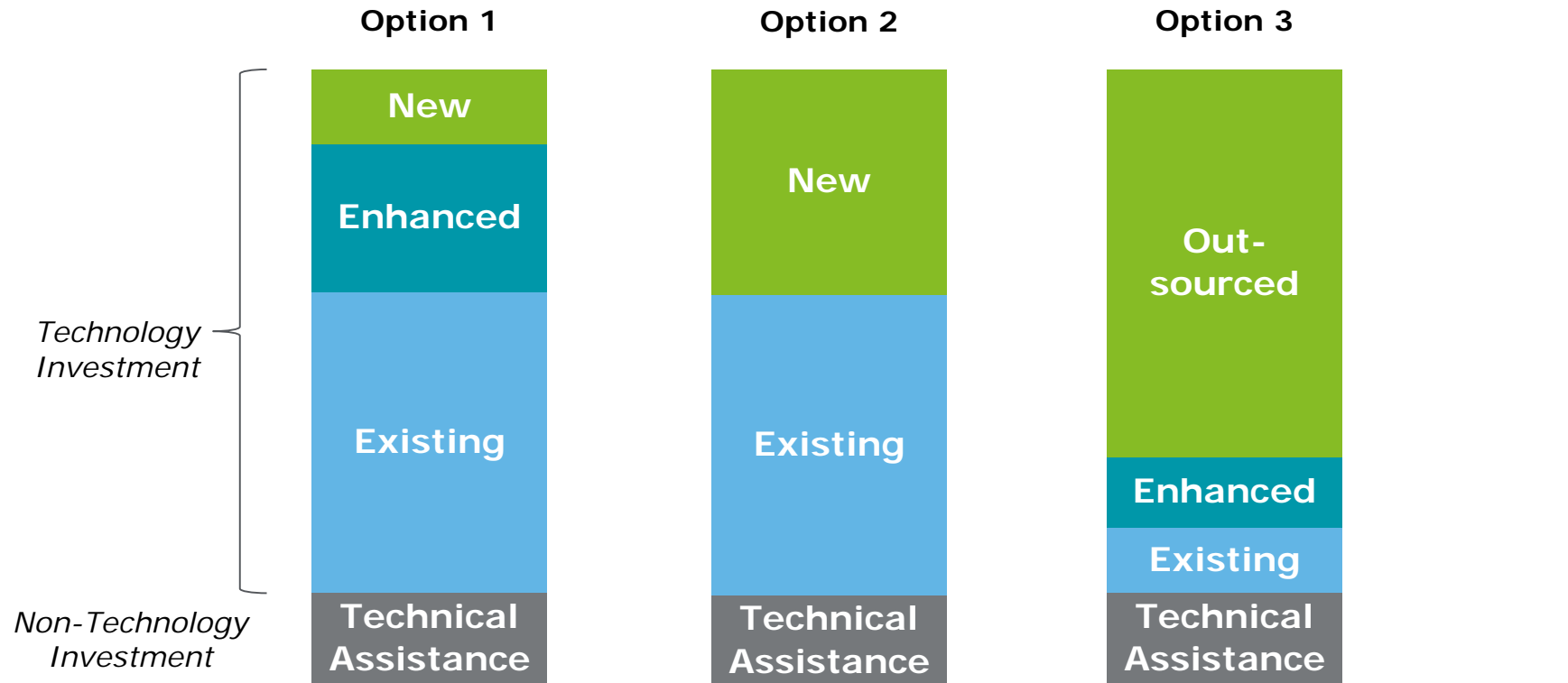
Key Assumptions/Tenants of Developing Solution (continued)

- **Require enhanced Technical Assistance:** TA being considered a capability to support extraction, data quality, etc. and been included in other state eCQM models
- **Provide procurement vision through capability bundling options:** Recommend a set of “bundling” options for different capabilities that will support procurement efficiency and maintenance
- **Recognize need to create value proposition for broader participation:** Create a roadmap towards adding capabilities that offer a value proposition for others (payers, providers, etc.) to participate/support, i.e. HEDIS reporting, care management/coordination, population health surveillance and research
- **Innovate!** Considering innovations to strengthen the value proposition for new services and new users; possibilities include:
 - ✓ Interoperability and streamlined interfaces
 - ✓ Data Extraction, Data Normalization, Provider Attribution, Provider Portal
 - ✓ Natural Language Processing to help with chart abstraction, further reducing provider burden
 - ✓ Open API platform to allow for visibility to everyone who contributes data, and potentially extending to external users for research/informational purposes

eCQM Extraction and Reporting Future State Options for Discussion

eCQM Solution Design Options

Options differentiate on the degree of which existing CO HIT assets will be leveraged



Pros

- Less investment
- Simpler procurement
- Less development
- Modularity

- Flexibility of existing and new investments
- Modularity

- Simpler “all-in-one” development & solution

Cons

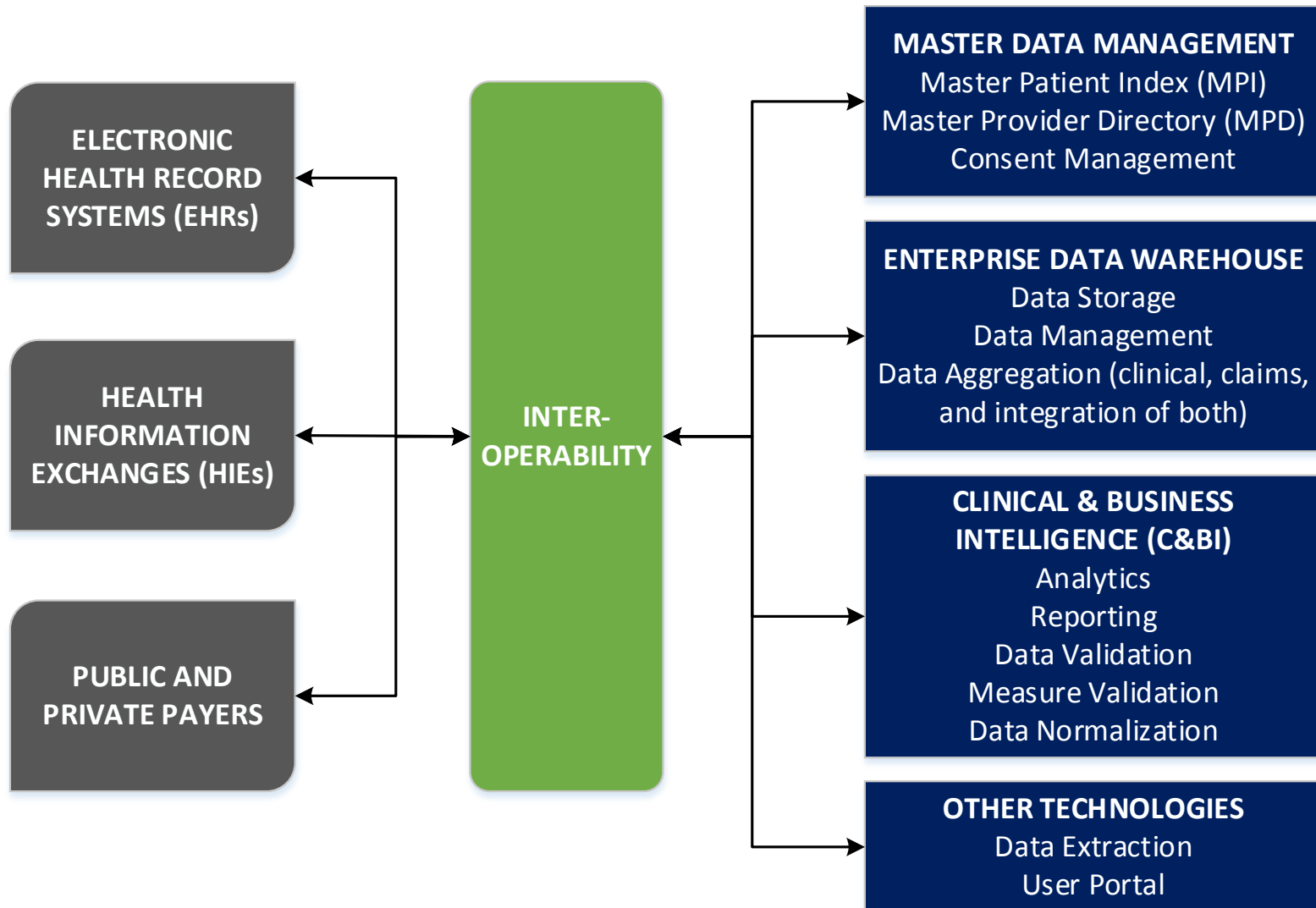
- May be limited by existing assets

- May be limited by existing assets
- Expensive
- Additional procurement

- Least re-use of existing assets
- Expensive
- Increased procurement
- Less modular

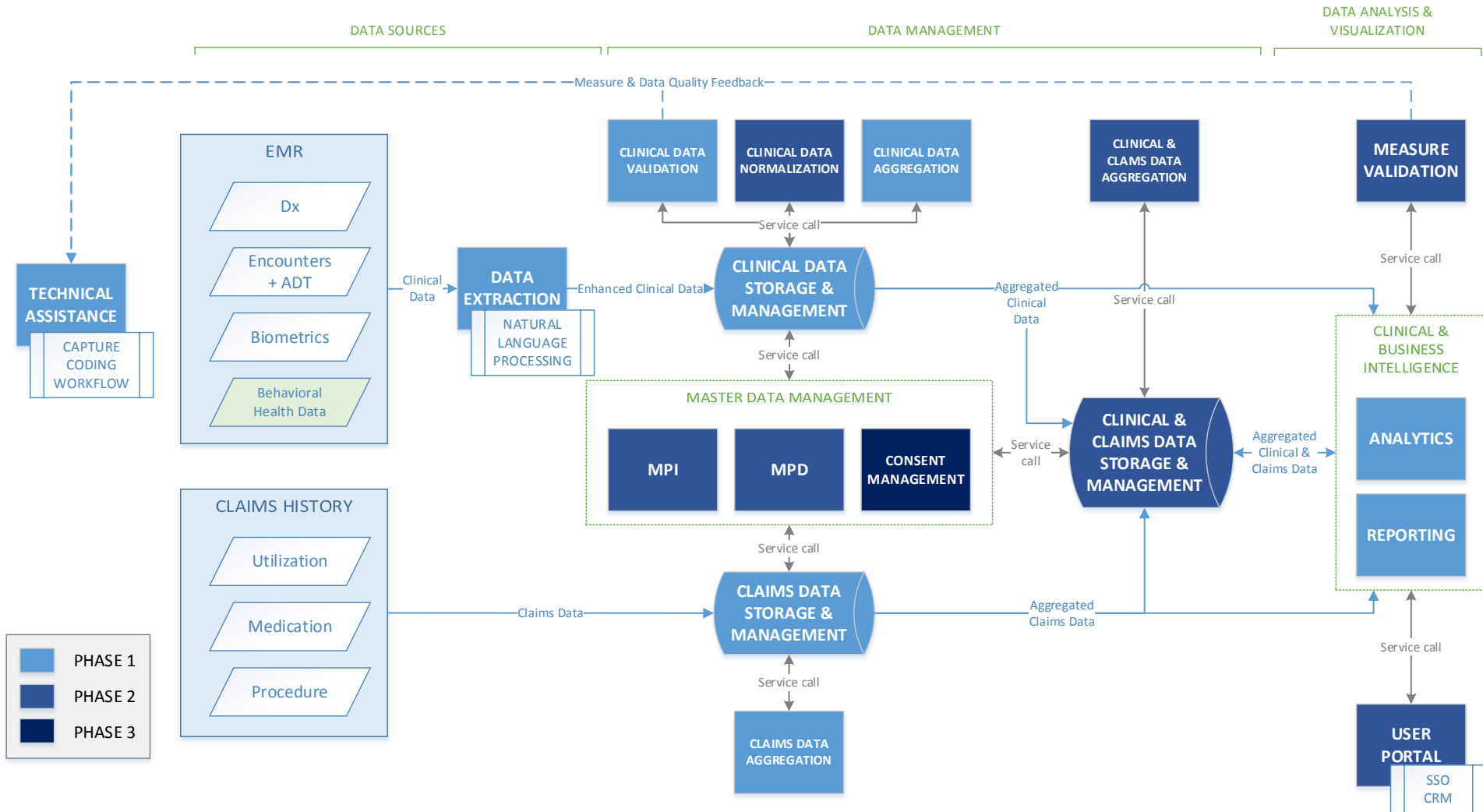
Proposed eCQM Data Architecture (Simplified)

Interoperability is key and can be accomplished at the enterprise level



Proposed eCQM Data Architecture with Phased Approach

Phase 1 will focus on data extraction and technical assistance, with clinical and claims data aggregation and master data management in subsequent phases



Supporting Material

Inventory of eCQM Capabilities Requirements

Capability	Commonly Accepted HIT Industry Definition
Data Extraction	Extraction of enhanced clinical data sets from Practice EMRs, including innovations such as improved mining of EMR systems and Natural Language Processing (NLP)
Technical Assistance	Development of business processes in collaboration with practice personnel to improve workflows and standards as clinical information is entered into the Practice EHRs
Data Storage & Management	Technical capability in support of the processes, methodologies, and architecture to store and manage data throughout its lifecycle
Data Normalization	Process of mapping information from disparate data sets to a standard taxonomy for the purpose of aggregating data into a unified, standardized data set
Data Analytics	Techniques and processes used to inspect, organize, and derive qualitative and quantitative results from a data set(s)
Clinical Data Validation	Analysis of the quality, accuracy and completeness of data entered into the Practice EMRs for the purpose of providing feedback to the Practice personnel on the standards used during data entry
Patient Matching (MPI)	Identification of and, if appropriate, matching of patient record identities for the purpose of aggregating unique patient information for care management and quality measurement
Provider Attribution (MPD)	Process of mapping patients to care providers for the purpose of accurate quality measurement
Data Aggregation - Clinical	Aggregation of (or at minimum attribute) disparate clinical data sets and their distinct data elements to a unified data set in order to enable focused measurement on specific data elements at a person and population level
Data Aggregation - Claims	Aggregation of (or at minimum attribute) claims data sets and their distinct data elements to a unified data set in order to enable focused measurement on specific data elements at a person and population level
Data Aggregation - Clinical & Claims	Aggregation of (or at minimum attribute) clinical and claims data sets and their distinct data elements to a unified data set in order to enable focused measurement on specific data elements at a person and population level
eCQM Analytics	Process of structuring and analyzing clinical data, as well as incorporating insights gained from matched claims data, to develop quality measure reporting
eCQM Reporting	Use of clinical and claims data analytics to report outcomes to appropriate oversight
Measure Validation	Analysis of the accuracy of the data elements and calculation methodology utilized to develop quality measures prior to submission
User Portal	Single Sign On web portal to access measure reports and validation results
Consent Management	Technical solution to support the creation, management and enforcement of client, organizational and jurisdictional privacy directives