State Medicaid Health IT Toolkits for SPA, Waivers and Demonstration: Advancing HIT, HIE and Interoperability through Medicaid Program Design

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Agenda

- **Introduction - Value of Health IT and Interoperability**
  - **Interoperability and Delivery System Reform**

- **Resources**
  - **Toolkits and Guides**
  - **SIM Resource Center (Not Just for SIM States)**
  - **Policy Lever Compendium**

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The business case for health information exchange and interoperability is delivery system reform, including SIM and MACRA.
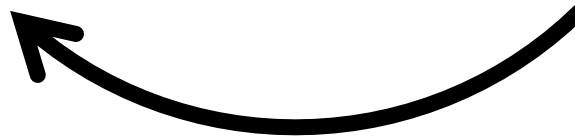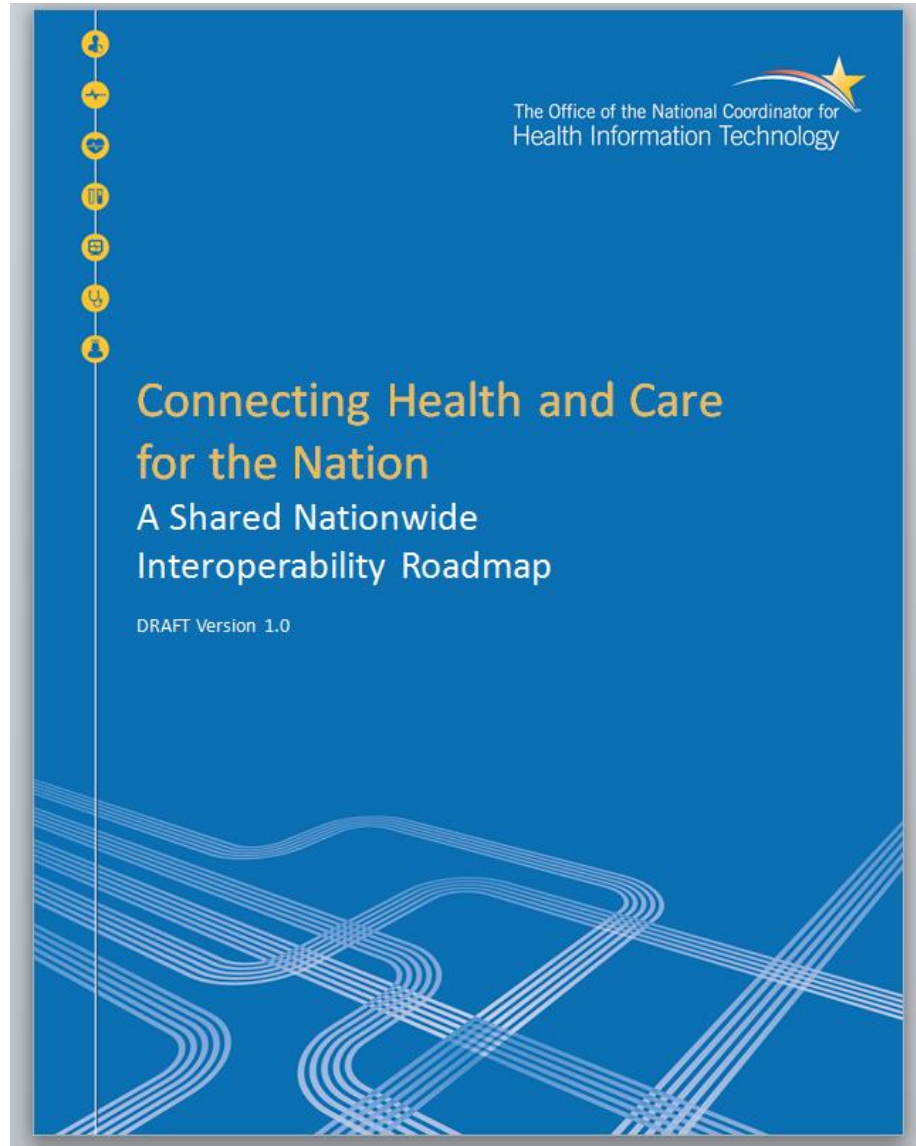
Interoperability

- Shared Nationwide Interoperability Roadmap Version 1.0
- Interoperability Standards Advisory
- ONC 2015 Certification Rule

Delivery System Reform

- State Innovation Models Initiative
- HHS Delivery System Reform Goals
- Medicare Access & CHIP Reauthorization (MACRA)

- To achieve [the goals of better care, smarter spending, and healthier people,] *the health IT community must expand its focus beyond institutional care delivery and health care providers, to a broad view of person-centered health.* This shift is critical for at least two reasons:

  – Health care is being transformed to deliver care and services in a person-centered manner and is increasingly provided through community and home-based services that are less costly and more convenient for individuals and caregivers; and

  – Most determinants of health status are social and are influenced by actions and encounters that occur outside traditional institutional health care delivery settings, such as in employment, retail, education and other settings.

Delivery System Reform (DSR) - Background

- HHS Departmental Initiative
- **Goal:** Better Care, Smarter Spending, Healthier People

Historical state ➤➤➤ **Evolving future state**

Public and Private sectors

Key characteristics

- Producer-centered
- Incentives for volume
- Unsustainable
- Fragmented Care

Systems and Policies

- Fee-For-Service Payment Systems

Key characteristics

- Patient-centered
- Incentives for outcomes
- Sustainable
- Coordinated care

Systems and Policies

- Value-based purchasing
- Accountable Care Organizations
- Episode-based payments
- Medical Homes
- Quality/cost transparency

Why is Health IT Important for Medicaid?
HIT is Key to Delivery System Reform

- **Departmental Priority** – Delivery System Reform

- **Goal:** Better Care, Smarter Spending, Healthier People
  - "The Administration is working to ensure that Americans receive better care; that we spend our health care dollars more wisely; and that we have healthier communities, a healthier economy, and ultimately, a healthier country."

- **Strategy:** Incentives, Tools, Information
  - Incentives - Changing the way we pay for health care. Moving from volume to value.
  - Tools - Providing technical assistance and grants in areas such as practice design and transformation, electronic health information, and workforce creation.
  - Information – Equipping patients and care givers with the information they need. This includes interoperability.

Alternative payment models require interoperable health IT across the continuum of care to be successful (requirement under H.R. 2: MACRA).

Improved outcomes and lower costs cannot happen without HIT-enabled care coordination, or without improving the outcomes and lowering the costs associated with LTSS, HH, MH, BH, etc.

Delivery System Reform Background: Focus Areas

{ *"Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system..."* }

Pay Providers

- Promote value-based payment systems
    - Test new alternative payment models
    - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale

Deliver Care

- Encourage the integration and coordination of clinical care services
- Improve population health
- Promote patient engagement through shared decision making

Distribute Information

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

Medicaid and Health IT Interoperability

- ONC and the Center for Medicaid and CHIP Services are working closely together to achieve the following vision and goals.
- <u>Vision</u>: State Medicaid Agencies have a unified approach to Health IT across all their programs and data systems.
- <u>Goals</u>:

  1) All relevant planning activities have shared and aligned strategies for health IT systems and their governance (including State Medicaid Health IT Plans, SIM Plans, State Plan Amendments, and Demonstrations/ Waivers, and other relevant work).

  2) Offer incentives for adoption and use of interoperable health IT among <u>all</u> providers (including long term care and behavioral health).

  3) Require or encourage health IT use and information exchange where feasible (through MCO or APM participation requirements).

  4) Enable electronic quality data collection for performance feedback and ideally for the basis of payment.

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Toolkits and Guides

- Health Home Health IT Toolkit

- 1115 Demonstrations Health IT Toolkit

- General Health IT Considerations

- Four Sample Ideas in the Toolkits
  - Promoting Overall Medicaid Health IT Alignment
  - Interoperability Standards Advisory (ONC)
  - Leveraging the MITA State Self Assessment
  - Advanced Uses for e-CQMS

Alignment with Health IT Aspects of Other Payment Reform Activities

What is it?

- Identify other CMS funded programs within the state that are promoting and advancing Health IT interoperability and ensure that the Medicaid program being designed is in alignment with and building off of those programs.

Why?

- To ensure over all Health IT alignment within the State, CMS wants to ensure that the State is leveraging other program initiatives, and in alignment with the Health IT that is needed more broadly within the State for delivery system and payment reform.

How is it supposed to be used?

- Include within the Waiver a Health IT Background section talking about the overall Health IT ecosystem that is needed more broadly within the State for delivery system and payment reform and how this Deomnstration, Waiver or SPA fits into it.

Alignment with Health IT Aspects of Other Payment Reform Activities

Background: A proposed Demonstration, Waiver or SPA should build on and leverage other Medicaid and CMS program initiatives and be in alignment with the health IT that is needed more broadly within your state for delivery system reform. The principle idea is to ensure that the State is aligning and/or building off of other federally funded initiatives such as State Innovation Model grants, Medicaid Innovation Accelerator Program, Health Home State Plan Amendments, and to the extent that Medicaid providers are also Medicare providers, the Medicare Bundled Payment for Care Improvement Models, and Medicare Joint Replacement model.

Ensuring that the Demonstration, Waiver or SPA is appropriately building off of other CMS funded activities at a minimum is fundamental and any Demonstration, Waiver or SPA waiver should build off of the delivery system and payment reform work already underway within a state and not be operating in a silo.

Alignment with Health IT Aspects of Other Payment Reform Activities

Questions to State:

- Can the State clarify how the Demonstration, Waiver or SPA leverages Medicaid and Medicare delivery system and payment reform health IT infrastructure at the state level, provider level and/or consumer level?

- Can the State please discuss how the Demonstration, Waiver or SPA leverages health IT infrastructure that is being developed through the SIM initiatives?

- How is the State avoiding duplication with SIM or other federally funded health IT efforts?

- How is the State assuring that gaps in health IT are being addressed to successfully meet the goals of the State's Medicaid Waiver application?

ONC 2016 Interoperability Standards Advisory

What is it?

– Non-regulatory communication of the "best available" standards and implementation specifications as of December 2015 http://www.healthit.gov/standards-advisory

Why?

– To provide a single, public list of the standards and implementation specifications for specific clinical health information technology interoperability purposes

How is it supposed to be used?

– Creating a reference against which others can tie standards requirements to.

– E.g., the Interoperability Standards Advisory will eventually include a person-centered electronic LTSS plan standard (s). ISA Standards can evolve over time.

Background: The 2016 Interoperability Standards Advisory (the 2016 Advisory) represents the model by which the ONC coordinates the identification, assessment, and determination of the best available interoperability standards and implementation specifications for industry use toward specific health care purposes. The 2016 Advisory's scope focuses on clinical health information technology (IT) interoperability.

If all states used the ISA 2016 in developing and implementing State policies and in applicable State procurements to support care delivery redesign and population health improvement, this would go a long way in advancing the vision of Health IT interoperability across the care continuum.

Questions to State:

Does the State intend to incorporate best available standards referenced in the ISA 2016 in applicable state procurements related to the Demonstration, Waiver or SPA, where appropriate?

Does the State intend to incorporate best available standards referenced in the ISA 2016 when developing and implementing health IT provider requirements related to the Demonstration, Waiver or SPA?

Using the Medicaid Information Technology Architecture State Self Assessment

What is it?

- The Medicaid Information Technology Architecture (MITA) initiative sponsored by the Center for Medicare and Medicaid Services (CMS) is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program.

- http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/medicaid-information-technology-architecture-mita.html

Why?

- The MITA initiative will help a state operate seamlessly within a national framework for Health IT interoperability

How is it supposed to be used?

- Use the State Self – Assessment as an opportunity to conduct an environmental scan of MU EHR penetration by provider and geography. Use that assessment to identify areas with low levels of EHR adoption and develop program strategies to promote EHR adoption in those areas.

- Use the State answers to Question 1 in Appendix D to explicitly address :

a. the State's HIE approach (statewide, sub-state HIOs, etc);

b. linkages to meaningful use of certified EHR technology;

c. plans for collection of clinical quality measures and/or public health interfaces as appropriate; the short and long-term value-proposition to providers.

Background: Conduct an environmental scan of MU EHR penetration by provider and geography as part of the State Self-Assessment requirement in MITA 3.0. The state can used enhance funding Medicaid HIT funding for this activity. This analysis should be included in the State's Demonstration, Waiver or SPA application. Areas with relatively low levels or weak EHR penetration and provider adoption could have state specific strategies to promote EHR adoption.

Questions to State:

1) How and when does the State conduct an environmental scan of MU EHR penetration by provider and by location? If the state does not do this can the state consider doing this?

2) Can the state then look at this analysis, and as part of the Demonstration, Waiver or SPA, and develop strategies to promote EHR adoption is the areas with relatively low levels of penetration of EHR adoption?

3) Can the State ensure that the Demonstration, Waiver or SPA is advancing the State's HIE approach as stipulated in the Appendix D of the State Self Assessment?

Measureable Enhancements to Overall Quality via Electronic Clinical Quality Measures (e-CQMs)

What is it?

    – E-CQMS are the electronic version of the Clinical quality measures, or CQMs, which are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/01_Overview.asp

Why?

    – Since eligible providers are already using eCQMs, states should build on the infrastructure and foundation already paid for through Meaningful Use and HITECH.

How is it supposed to be used?

    – - Advance the use of eCQMS by including them within the State's quality strategy for the Health Home and or Waiver. Also use specific eQMS as part of the state's provider payment calculations.

Measureable Enhancements to Overall Quality via Electronic Clinical Quality Measures (e-CQMs)

Background: States have the option of receiving eCQMs for eligible providers (EPs) and eligible hospitals (EHs) in Stage 2 of the Medicaid EHR Incentives Program. As part of the Stage 3 rules CMS is requiring that all states as part of their Medicaid EHR incentive program articulate within their State Plan their strategy and plan for eCQM reporting.

Planning for and implementing eCQMs, including the reporting of standardized eCQMs documented by an individual's QRDA-1 document will prepare providers and the Medicaid system for the adoption and use of these measures across programs. A concrete way to reinforce this would be for a state to include and repurpose MU eCQMs in their Demonstration, Waiver or SPA and or as part of their quality strategy.   Additionally, the state could tie eCQMs reporting and benchmarks to cost savings calculations and payment reform.

Questions to State:

1) Is the State planning on requiring any Meaningful Use eCQM reporting by providers and/or ACHs as a part of the Demonstration, Waiver or SPA to calculate cost savings or as part of its payment strategy?   If so, which measures and can the state provide the information within 90 or 120 days of application approval?

2) Will the State include eCQM reporting as part of the State's quality strategy for this Demonstration, Waiver or SPA?

3)Will the State establish standards that accomplish uniform reporting of all the measures through a uniform standard such as QRDA? Does the State plan on utilizing collection of QRDA1 data or QRDA3 data?
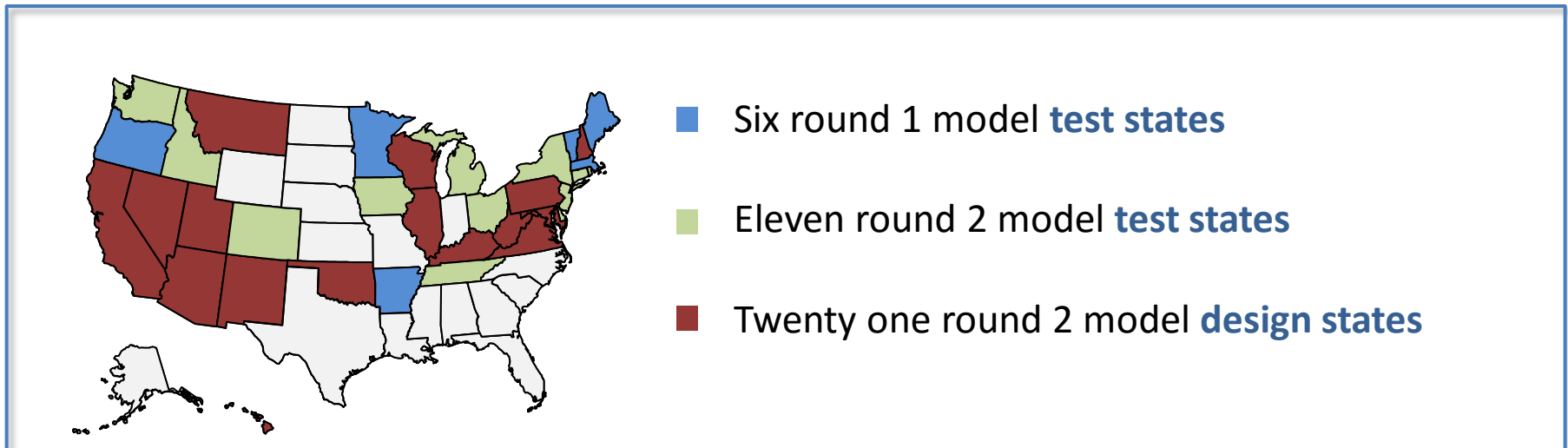
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Context: State Innovation Models Initiative

- CMS is testing the ability of **state governments to utilize policy and regulatory levers** to accelerate health care transformation

- Primary objectives include

    - Improving the **quality of care** delivered

    - Improving **population health**

    - Increasing **cost efficiency** and expand **value-based payment**

Six round 1 model **test states**

Eleven round 2 model **test states**

Twenty one round 2 model **design states**

ONC Support of the State Innovation Models Initiative

- ONC is providing technical assistance to CMS and State Innovation Model States.

- This involves one-on-one subject matter expertise as well as the creation of tools and resources that can be leveraged to support health IT innovation in care delivery and payment systems.
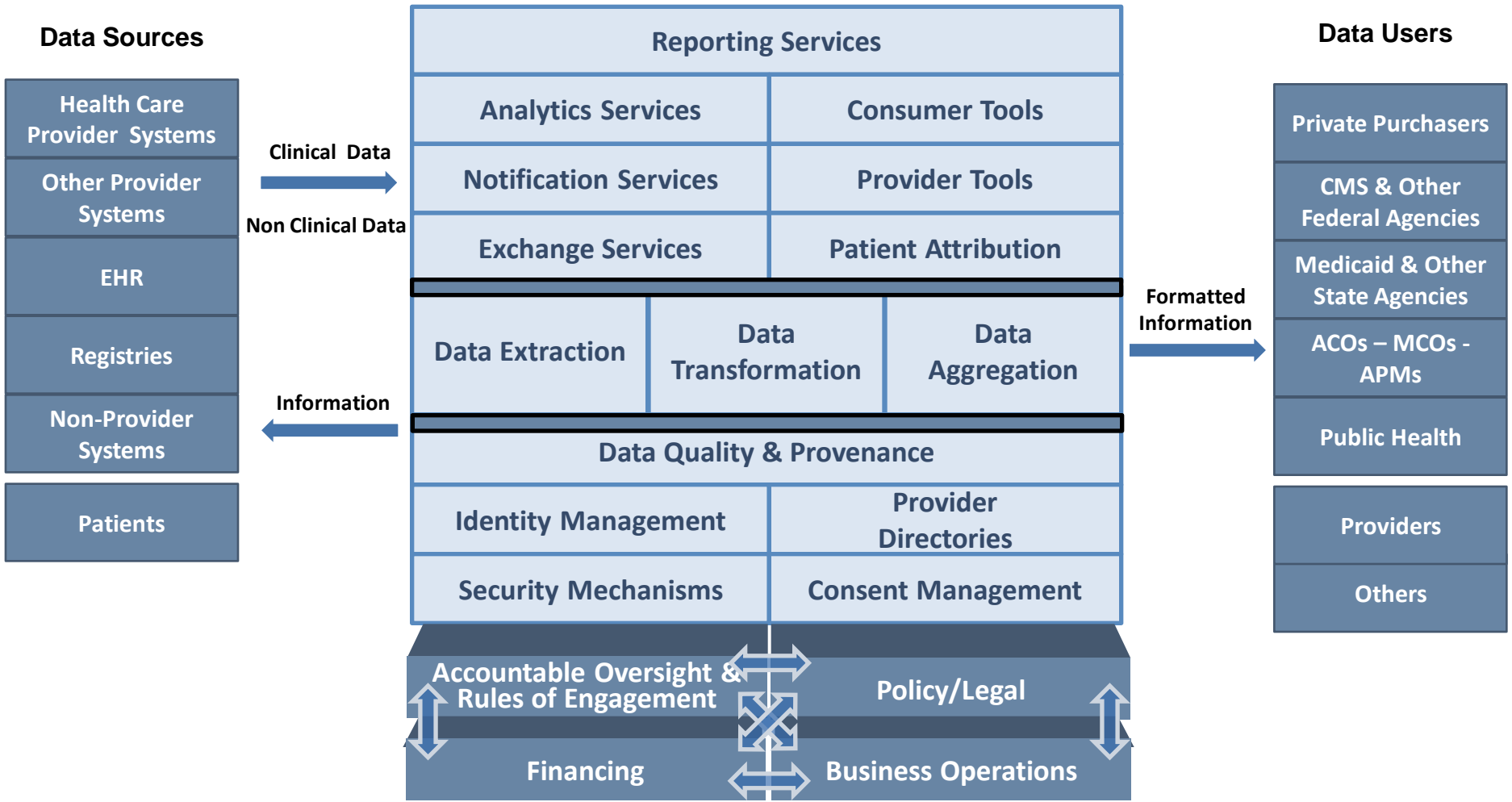
- Materials Cover:
  - Privacy and Security
  - Alerting
  - ID Management
  - Behavioral Health
  - Provider Directories

- Materials are published at:
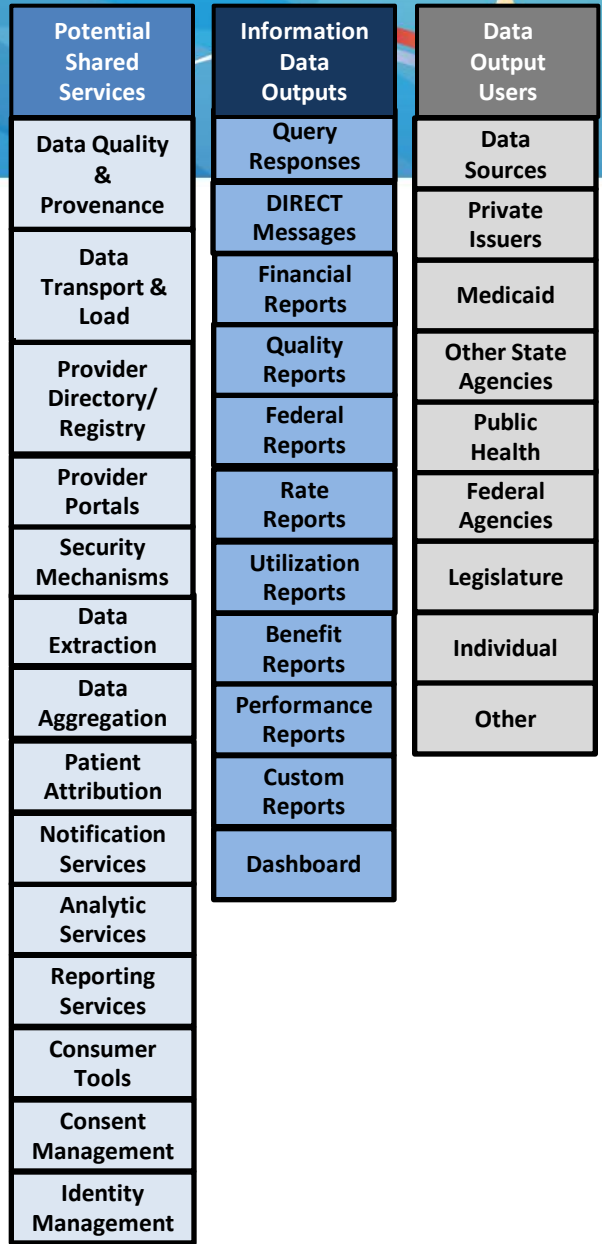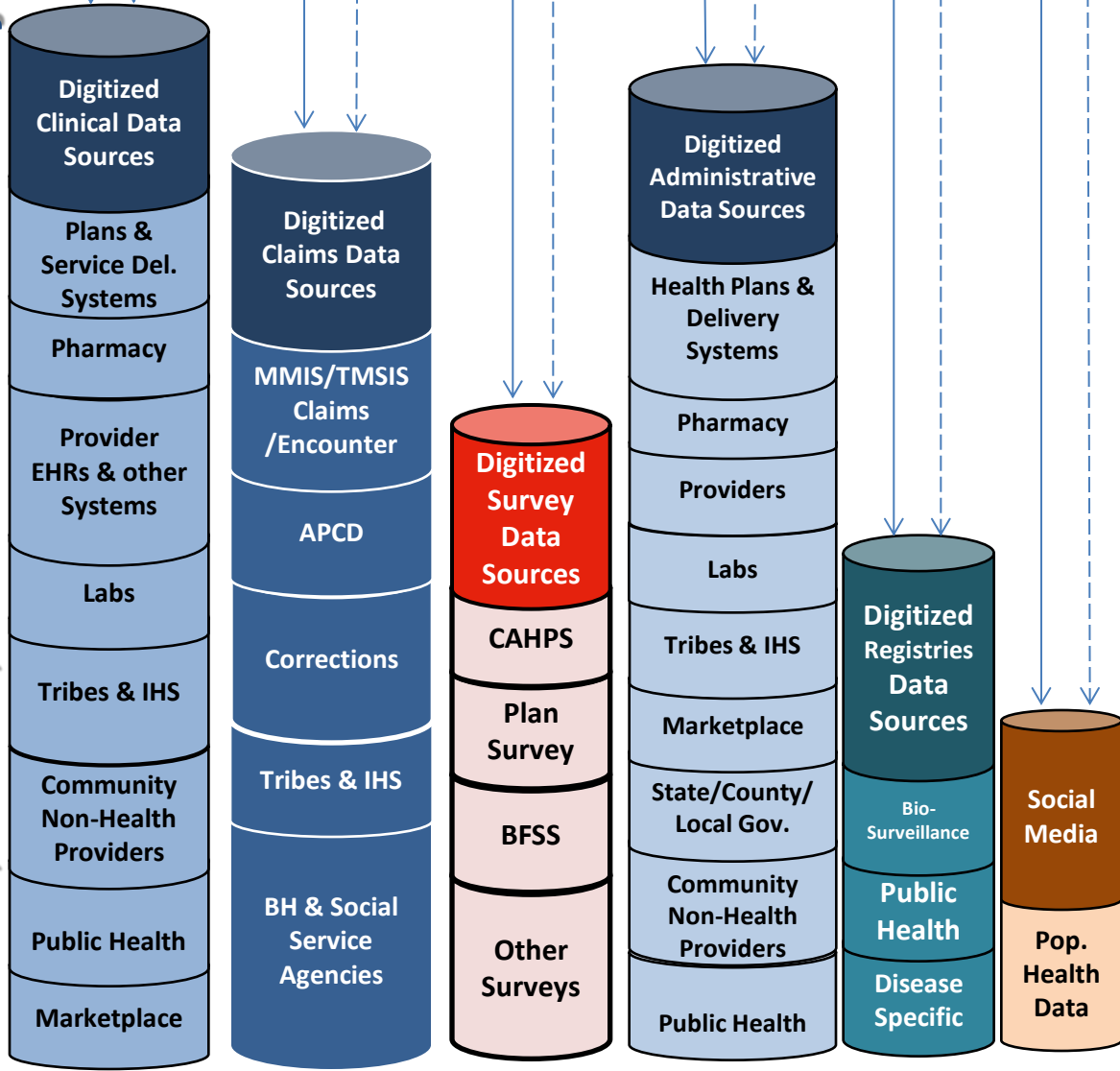https://www.healthit.gov/providers-professionals/state-innovation-model-health-it-resource-center

Health IT Modular Functions

Data Sources

- Health Care Provider Systems
- Other Provider Systems
- EHR
- Registries
- Non-Provider Systems
- Patients

Clinical Data →

Non Clinical Data

← Information

Data Users

- Private Purchasers
- CMS & Other Federal Agencies
- Medicaid & Other State Agencies
- ACOs – MCOs - APMs
- Public Health
- Providers
- Others

Formatted Information →

Reporting Services

Analytics Services	Consumer Tools
Notification Services	Provider Tools
Exchange Services	Patient Attribution

| Data Extraction | Data Transformation | Data Aggregation |

Data Quality & Provenance

| Identity Management | Provider Directories |
| Security Mechanisms | Consent Management |

- Accountable Oversight & Rules of Engagement
- Policy/Legal
- Financing
- Business Operations

Exchange of Health Information

Send, Receive, Find and Use Health IT Ecosystem

Digitized Clinical Data Sources
- Plans & Service Del. Systems
- Pharmacy
- Provider EHRs & other Systems
- Labs
- Tribes & IHS
- Community Non-Health Providers
- Public Health
- Marketplace

Digitized Claims Data Sources
- MMIS/TMSIS Claims /Encounter
- APCD
- Corrections
- Tribes & IHS
- BH & Social Service Agencies

Digitized Survey Data Sources
- CAHPS
- Plan Survey
- BFSS
- Other Surveys

Digitized Administrative Data Sources
- Health Plans & Delivery Systems
- Pharmacy
- Providers
- Labs
- Tribes & IHS
- Marketplace
- State/County/Local Gov.
- Community Non-Health Providers
- Public Health

Digitized Registries Data Sources
- Bio-Surveillance
- Public Health
- Disease Specific

Social Media
- Pop. Health Data

Potential Shared Services
- Data Quality & Provenance
- Data Transport & Load
- Provider Directory/ Registry
- Provider Portals
- Security Mechanisms
- Data Extraction
- Data Aggregation
- Patient Attribution
- Notification Services
- Analytic Services
- Reporting Services
- Consumer Tools
- Consent Management
- Identity Management

Information Data Outputs
- Query Responses
- DIRECT Messages
- Financial Reports
- Quality Reports
- Federal Reports
- Rate Reports
- Utilization Reports
- Benefit Reports
- Performance Reports
- Custom Reports
- Dashboard

Data Output Users
- Data Sources
- Private Issuers
- Medicaid
- Other State Agencies
- Public Health
- Federal Agencies
- Legislature
- Individual
- Other

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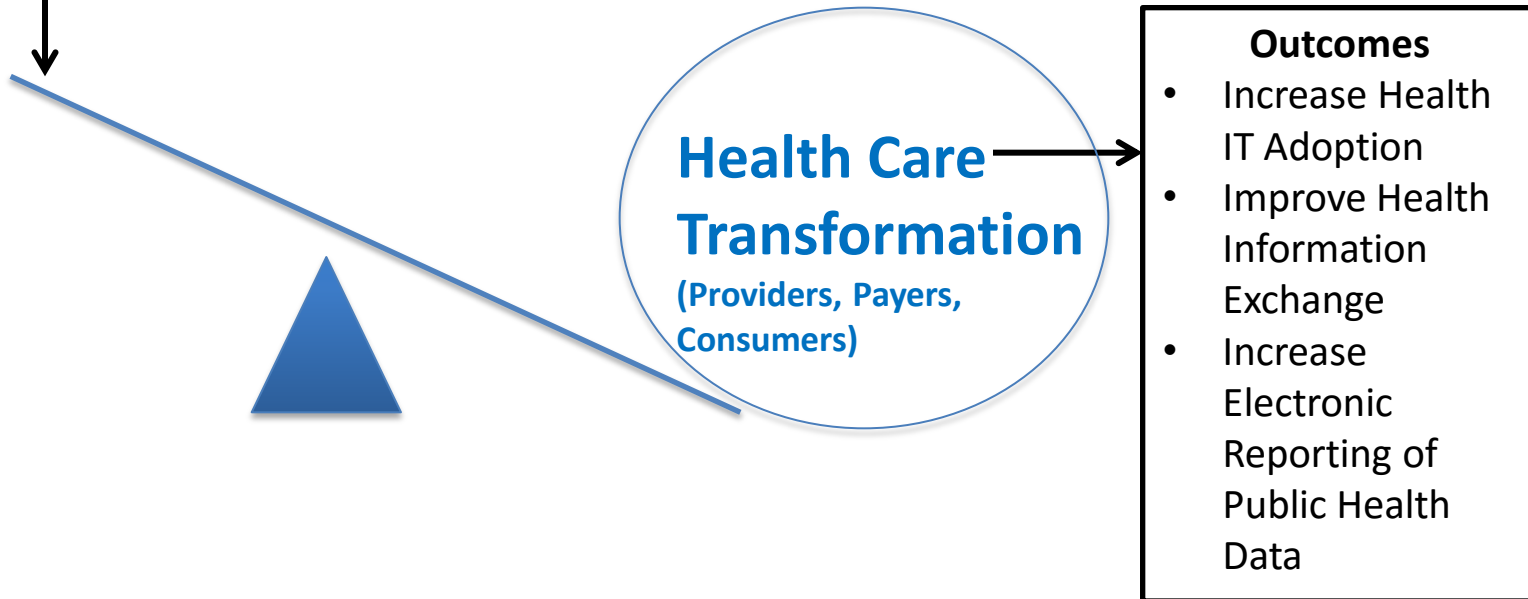 - **Policy Lever Compendium**

Actor
Federal
Federal/State
State
Private Sector

Levers (Incentives, Mandates, Penalties)
- Meaningful Use
- Managed Care Contracts
- Medicaid 1115 Waivers

Health Care Transformation
(Providers, Payers, Consumers)

Outcomes
- Increase Health IT Adoption
- Improve Health Information Exchange
- Increase Electronic Reporting of Public Health Data

Health IT Policy Levers Compendium: Interoperability Roadmap – Calls to Action

Category	2015-2017 Send, receive, find and use a common clinical data set to improve health and health care quality
A2. State Calls to Action	1. All states should consider having operational plans for supporting interoperability in their health-related strategic plans. 2. States should propose and/or implement strategies to leverage Medicaid financial support for interoperability. 3. Roughly half of states should use their state-level authorities to advance interoperability beyond their current efforts. 4. States with managed care contracts should routinely require provider networks to report performance on measures of standards-based exchange of information in required quality strategies, performance measurement reporting, etc. 5. A growing number of private payers should implement provisions supporting interoperability within value-based payment arrangements covering commercial populations. 6. Purchasers should consider health plans' commitment to the use of interoperable health IT and health information exchange among network and non-network providers in their purchasing decisions. 7. ONC should work with CMS to evaluate the use of health IT by providers participating in advanced payment models.

State Health IT Policy Levers Compendium Overview

- State Health IT Policy Levers Compendium was released in December 2015.

- Objective: This tool is intended to support state efforts to advance interoperability and can also be used in service of delivery system reform.
  - It supports the calls to action made of states in the Interoperability Roadmap.
  - It will help spur peer-to-peer discussions and learning opportunities among states.

- Structure: The Compendium includes:
  - Policy levers directory of 32 distinct policy levers and a description of how they can be used to promote health IT and advance interoperability.
  - An example activities catalogue with nearly 300 examples of actual or proposed uses of such levers.
  - A list of state points of contact who can be contacted for more information about the policy levers in their state.

- **Improve health IT-enabled delivery system reform**
  - E.g., if your state is supporting PCMH and you want to learn about other states supporting advanced primary care arrangements.

- **Develop strategies to advance interoperability between state and private payers, plans, providers, and consumers**
  - E.g., a governor's health policy advisor may wish to learn from another state's policies to improve the interoperability of providers.

- **Enhance understanding of how policy levers advance interoperability to enable delivery system reform**
  - E.g., state staff create a spreadsheet for a legislator or for the media about what your state is doing to advance interoperability.

State Health IT Policy Levers Compendium (cont.)

The Compendium can be found on the ONC Dashboard:
http://dashboard.healthit.gov/dashboards/state-health-it-policy-levers-compendium.php

Thank you!

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