

Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



Advanced Health Models and Meaningful Use Workgroup

Paul Tang, chair
Joe Kimura, co-chair

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The purpose of the Advanced Health Models and Meaningful Use Workgroup is to provide recommendations to the HITPC on policy issues that facilitate the effective use of HIT to support outcomes-focused advanced models for healthcare delivery and value-based payment.

Advanced Health Models and MU Workgroup Members



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- **Paul Tang**, Palo Alto Medical Foundation (Chair)
 - **Joe Kimura**, Atrius Health (co-chair)
 - **Shaun Alfreds**, HealthInfoNet
 - **Cheryl Damberg**, Rand Corp.
 - **Arthur Davidson**, Denver Public Health Department
 - **Marty Fattig**, Nemaha County Hospital (NCHNET)
 - **Frederick Isasi**, National Governors Association
 - **Lisa Marsch**, Center for Technology and Behavioral Health
 - **Norma Lang**, University of Wisconsin
 - **Devin Mann**, Boston University
 - **Ginny Meadows**, McKesson Corporation
 - **Terrence O'Malley**, Partners
 - **Neal Patterson**, Cerner
 - **Mark Savage**, National Partnership
 - **Charlene Underwood**, Siemens
 - **Michael H. Zaroukian**, Sparrow Health System
 - **Amy Zimmerman**, Rhode Island Office of Health & Human Services
- ### Ex Officio Members
- **Jessica Kahn**, Centers for Medicare and Medicaid Services
 - **Robert Fleming**, Center for Medicare and Medicaid Innovation
 - **John Pilotte/Terri Postma**, Centers for Medicare and Medicaid Services
 - **Suma Nair**, Health Resources and Services Administration
 - **Stephan Fihn**, Veterans Health Administration
 - **Shaun Terrell**, Administration for Community Living
 - **Lisa Patton**, Substance Abuse and Mental Health Administration
- ### ONC Staff
- **Samantha Meklir**, Office of Policy (Lead WG Staff)
 - **Alex Baker**, Office of Care Transformation (Lead WG Staff)



- What HIT policies are needed to support advanced health models' (AHMs) capabilities to address the holistic health of individuals and communities that they serve?
- Key features of AHMs include:
 - Accessing data from clinical, social, psychological, behavioral and other data sources to create a truly holistic view of an individual
 - Coordinating service delivery across the entire “continuum of care” beyond the traditional settings, to include clinical settings (e.g. LTPAC entities, hospice, and home health) and nonclinical settings (e.g. schools, food banks, prisons)



- On June 2nd, 2015, the Workgroup conducted a hearing on advanced health models
- Identified exemplars that illustrated some of the attributes of an AHM
- Representatives described their models and identified key opportunities and barriers for accelerating the adoption of advanced health models



- **PANEL I: How Advanced Health Models Integrate Data across Service Delivery to Support Health for Individuals**
 - Nancy Garrett, Hennepin Health (Minnesota)
 - Virna Little, Institute of Family Health (New York)
 - Allen Dobson, Community Care of North Carolina (North Carolina)
 - Ruben Amarasingham, Parkland Center for Clinical Innovation (Texas)
- **PANEL II: How Advanced Health Models are Supporting Whole Health and Wellness for the Individual across the Continuum**
 - Steve Tierney, South Central Foundation (Alaska)
 - Fred Rachman, Alliance of Chicago (Illinois)
 - Nancy Eldridge, Cathedral Square Corporation and SASH (Vermont)
- **PANEL III: How Advanced Health Models are Supporting Integrated Care for Individuals with Complex, Chronic Conditions**
 - Sharon Hewner, SUNY Buffalo (New York)
 - Jim Dunford, San Diego Community Information Exchange (California)
 - Lee Sacks, Advocate Health System (Illinois)



FINDINGS FROM THE HEARING



1. Community organizations are integral partners to advanced health models and are highly motivated to share data, but sharing across clinical settings and social services is not standardized and poorly incentivized.
2. Advanced health models are making substantial progress by making existing data actionable in new ways, but stakeholders also need seamless access to analytics capabilities to make this data useful.
3. Some advanced health models are responding to interoperability challenges by granting community organizations with access to a single platform, rather than realizing true interoperability across different systems.



4. Advanced health models will need a data infrastructure that goes beyond EHRs.
5. Mapping patient identities across data sets is very challenging without consistent patient identifiers.
6. There are many advanced health model use cases that require only limited information about an individual, not the complete record; stakeholders need tools that allow them to filter information so that only actionable information is transmitted, to avoid overwhelming the data recipient and to avoid unnecessary privacy risks.



7. Lack of clarity around privacy and security issues raised by sharing information with non-HIPAA covered community-based organizations impedes data sharing and raises concerns about adequate protection of PHI.
8. A shared longitudinal care plan is a critical concept for managing an individual's health across a continuum that includes both clinical and nonclinical settings.
9. Community service organizations have varying levels of data support with their internal systems.
10. Lack of standards for human social services impedes their use and integration with clinical systems.



11. Integrating social determinants data into existing health information exchange (HIE) organizations with clinical stakeholders presents governance and privacy challenges.
12. Innovative approaches to community resource directories are addressing new ways to meet individual needs.
13. Advanced health models have recognized the importance of caregivers and individuals being able to access, use, and contribute to their health data to actively support and promote individual shared care planning and shared decision making.
14. AHMs are still at an early stage of developing effective patient engagement strategies.



15. Global budgeting and tracking total cost of care across settings are major enablers of advanced health models and will further align incentives to encourage investments across settings and stakeholders.



DRAFT RECOMMENDATIONS FOR HITPC



- In preparing recommendations, WG discussed a variety of levers which ONC and other agencies across HHS can utilize to encourage behavior by various stakeholders and effect change within the market, including:
 - Convening ability
 - Transparency policies
 - Payment policy and reporting requirements
 - Voluntary ONC certification of health IT
 - Funding for innovation
 - Catalyzing shared learning across communities



- 1. Promote greater standardization and usefulness of human services and clinical data across systems utilized by all health and service professionals, caregivers, individuals and their families.**

Considerations for HHS/ONC:

- What are the key use cases for sharing individual data across human services and clinical systems that can help prioritize standards development/alignment activities?
- How should ONC work with other initiatives supporting standards for human services organizations, such as the National Information Exchange Model (NIEM), to advance information exchange?



2. Promote greater standardization for social determinants of health data, including data reported by individuals, families and caregivers, and related performance measures.

Considerations for HHS/ONC:

- How can patient-reported social determinants data be prioritized as part of new data collection standards? How can this information be standardized to support risk assessment tools?
- What is the incremental path forward for HHS/ONC to adopt and integrate measures using SDH data?
- How should HHS and others include social determinants data to improve risk adjustment used to determine payment?



- 3. Accelerate the implementation of dynamic, shared, longitudinal, care planning models that incorporate information from both clinical and non-clinical services and empower individuals to manage and inform their own health and care.**

Considerations for HHS/ONC:

- Can ONC partner with a private Foundation to convene relevant stakeholders in a working Summit on dynamic shared care plans to identify the goals, enumerate the tasks needed to be completed, and develop a strategy for accomplishing the work? Ideally, a public-private consortium would carry out the activities.
- What are the priority domains for care plan information that stakeholders should focus on to gain practical experience with shared care planning?
- What future standards development will be needed to transition from the static care plan documentation (e.g. the document template in CCDA Release 2.0) to a dynamic shared care plan that supports more robust care coordination?
- How should existing care plans developed for clinical settings evolve to capture and display social factors in standardized ways?



- 4. Explore better individual matching strategies to facilitate aggregation of data across clinical and non-clinical settings and other high-priority use cases.**

Considerations for HHS/ONC:

- What matching strategies are most effective for high-need transient populations, e.g. those that do not have a regular phone number or address?
- How can we begin to standardize high priority data elements (e.g. birthdate, phone number, etc.) that can improve matching across clinical and human services data?



5. Provide clarifying guidance and disseminate best practices related to sharing individual data among HIPAA covered entities and other community organizations.

Considerations for HHS/ONC:

- HHS should clarify, through guidance and FAQs, how existing statutes and regulations govern information-sharing activities, protect the confidentiality of health information exchanged among HIPAA-covered entities and community service organizations, and what the role of the patient is in directing information to be exchanged.
- What does HHS need to do to ensure widespread clarity about patient information protections in advanced health models?
- What are best practices for community based organizations acting as business associates of covered entities under HIPAA in support of advanced health models?
- What are best practices for community based organizations to obtain patient-directed authorizations so that the organization can receive HIPAA regulated health information about the individual?
- What are the best practices for ensuring an individual's access to and use of protected health information under HIPAA?



6. HHS should support additional development and promote utilization of population based outcome measures that can measure health across an accountable community.

Considerations for HHS/ONC:

- How do we define new measures that effectively assess performance on quality and cost at a broader population level?
- What high-priority population-based outcomes should HHS clarify or endorse to drive measure development activities?
- How can HHS lead and encourage data sharing among agencies and contribute to enabling data availability for localized uses?



Discussion