Advanced Health Models and Meaningful Use Workgroup

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Agenda

I. Overview

II. Health IT and Certification in Support of Alternative Payment Models (Audacious Inquiry)

III. Workgroup Reactions

IV. Health IT Policy Committee Feedback and Comments
Health IT and Certification in Support of Alternative Payment Models
Health IT and Certification in Support of APMs
Research Goal and Framing Considerations

Goal
Help ensure that the health IT capabilities that providers need to be successful in Alternative Payment Models are broadly available.

Framing Considerations
• Alternative Payment Models... ACOs, bundled payments, PCMH
• Timeframe... Capabilities that need to be available by January 2019
• Scope... Focused on the technology, not staffing
• Technology Types... Health IT beyond EHRs
• Levers... Market forces, certification, comparative tools
**Literature Review and Interviews - Summary Findings**

<table>
<thead>
<tr>
<th>State of the Market</th>
<th>Interviews</th>
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<tr>
<td><strong>Programmatic Complexity</strong>: APMs involve multiple programs from government and private payers across a wide range settings. It is challenging to define core requirements across all programs and participants.</td>
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<td><strong>Multiple Health IT Products, Modules, and Users</strong>: Capabilities to enable implementation span multiple products and vendors and the locus of care management and users of APM tools varies across settings.</td>
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**Key Challenges**
- Data Exchange
- Data Deluge
- Data Reporting
- Tools to Automate Management and Coordination

**Literature Review**
- Exchanging Summary of Care Record (including progress notes)
- Filtering and highlighting components of Summary of Care Record
- Sorting/filtering notification and alerts regarding patient ADT
- Managing referrals, including tracking status of appointments and closing the loop

**Care Coordination**
- Empaneling patients to entire care team
- Accessing a dynamic electronic care plan that helps the care team quickly get up to speed on a patient’s status and agree on goals

**Patient & Caregiver Relationship Management**
- Addressing patient frustration with managing multiple portals

**Clinician Engagement**
- Integrating risk stratification information into the workflow and updating as needed

**Reporting**
- Getting appropriate and accurate quality measures from systems
### Framework for Health IT in Support of APMs

Processes, Functions, and Capabilities

<table>
<thead>
<tr>
<th>Care Coordination</th>
<th>Cohort Management</th>
<th>Patient &amp; Caregiver Relationship Management</th>
<th>Clinician Engagement</th>
<th>Financial Management</th>
<th>Reporting</th>
<th>Knowledge Management</th>
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<tbody>
<tr>
<td>Access real time health insurance coverage information</td>
<td>Identify cohort from within entire patient population</td>
<td>Basic information services</td>
<td>User friendly, timely and actionable Clinical Decision Support (CDS)</td>
<td>Administrative simplification for operations</td>
<td>Retrieve Data specific to measures</td>
<td>User friendly, timely and actionable Clinical Decision Support (CDS)</td>
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<td>Establish payer relationships</td>
<td>Monitor individual patients</td>
<td>Administrative simplification for patients</td>
<td>Normalized and integrated data</td>
<td>Health assessment of entire patient population</td>
<td>Store quality metric data</td>
<td>Personalize patient specific information</td>
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<tr>
<td>Establish provider relationships</td>
<td>Clinical Decision Support</td>
<td>Patient educational services</td>
<td>Well defined care teams</td>
<td>Patient attribution algorithms</td>
<td>Calculate quality measures</td>
<td>Create and share clinical knowledge</td>
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<td>Share clinical data during transitions of care</td>
<td>Patient engagement within cohort</td>
<td>Patient communication</td>
<td>Communication within organization</td>
<td>Performance reports</td>
<td>Report quality metrics for internal use</td>
<td>Create and share process improvement knowledge</td>
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<tr>
<td>Identify best setting for care</td>
<td>Engage preferred providers and clinicians in care teams</td>
<td>Patient engagement in care</td>
<td>Communication external to organization</td>
<td>Risk sharing analytics</td>
<td>Report measures to external designated entities</td>
<td>Support comparative effectiveness research</td>
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<td>Identify social &amp; community supports</td>
<td>Shared care management plan</td>
<td>Patient assumption of care responsibilities</td>
<td>Administrative simplification for providers</td>
<td>Provider contract management</td>
<td>Report data required for syndromic surveillance</td>
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<tr>
<td>Manage referrals</td>
<td>Interventions</td>
<td>Monitor patient goals and outcomes</td>
<td>Usability of HIT</td>
<td>Cost accounting</td>
<td>Public Health reporting</td>
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<tr>
<td>Patient-centric medication management</td>
<td>Follow up</td>
<td>Patient experience of care surveys</td>
<td>Comprehensive educational systems for clinicians</td>
<td>Reimbursement systems for other than fee for service</td>
<td>Registry reporting</td>
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<tr>
<td>Clinical information reconciliation</td>
<td>Monitor cohort</td>
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<td>Public Health information</td>
<td>Billing for revenue outside of risk contracts</td>
<td>Report resource consumption for internal use</td>
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CCHIT Accountable Care HIT Framework | ©2013 CCHIT
Framework for Health IT in Support of APMs
Making a Manageable List

Original CCHIT List of 7 “Processes”, 64 “Functions” and 270+ “Capabilities”

“First Pass” Filtering Removed...
1. Administrative functions
2. Functions ranked “not critical” to providers participating in APMs based on literature review and interviews
3. Functions included in the 2014 and 2015 Editions

Candidate List of Capabilities
- 20 capabilities
- Additional capabilities could be considered
Health IT Capabilities in Support of APMs

Rating the Capabilities

1. **Criticality** of the health IT function/capabilities for providers’ successful performance in APMs
   - 5 = very important
   - 4 = important
   - 3 = moderately important
   - 2 = of little importance
   - 1 = unimportant

2. **Gap** between the ideal and current level of availability & use in the market
   - 5 = very large gap
   - 4 = large gap
   - 3 = moderate gap
   - 2 = small gap
   - 1 = no gap

3. Gap in the integration of the capability in providers’ workflow
   - 5 = very large gap
   - 4 = large gap
   - 3 = moderate gap
   - 2 = small gap
   - 1 = no gap

4. Likelihood that the Market will close the gap by 2019 w/out certification
   - 5 = very likely
   - 4 = probable
   - 3 = possible
   - 2 = doubtful
   - 1 = very unlikely
Health IT Capabilities in Support of APMs

Ranking the Capabilities

1. **The Care Plan (11 capabilities).** Enable a “dynamic” care plan that: (1) is broadly accessible to the entire care team; (2) defines and tracks accountability; and (3) monitors goals and milestones.

2. **Referral Management (2 capabilities).** Ensure referral systems can: (1) identify individuals who are responsible for tasks and (2) integrate provider lists into the referral process.

3. **Multiple Communication Modalities (1 capability).** Valued capability, relatively significant gap in the market that marketplace will likely cure without certification. Cautions regarding misinterpreted messages and patient safety.

4. **Notification of Test/Intervention Results (1 capability).** Discussed the need to alert not only ordering provider, but the provider with accountability as well.

5. **Data Extraction in Standardized Format (1 capability).** Important capability that speaks to basics of interoperability.

6. **Risk Stratification (2 capabilities).** An important and foundational element for effective care management, but three of the eight TEP panelists indicated the market gap was moderate to small; moreover, 50 percent of the panelists believed that the market would cure the gap by 2019.

7. **Quality Performance Measures (1 capability).** Storing quality metric data of limited value and relatively small gap in the marketplace.

8. **Data Visualization (1 capability).** Lower relative importance and many applications exist in the marketplace, and any gaps will likely be addressed by the marketplace by 2019.
Health IT and Certification in Support of APMs
Assessing Certification Readiness

**Category A:** Capability Requires New Certification Criterion & Criterion is Mature
There exists a viable standard to certify against.

**Category B:** Capability Requires Changes To Existing Certification Criteria
There exists a viable standard to certify against, but its use is “optional” in current certification.

**Category C:** Capability Requires Maturation Of Potential Standard/Function
There exists a preliminary standards or functions to certify against, but requires additional maturation needed to be ready for inclusion in a certification program by October 2016.

**Category D:** Capability Would Require Development Of Potential Standard/Function
No standard or functional expression currently in pilot. Significant work required in order to be ready for inclusion in a certification program by October 2016.

**Category E:** Standard Exists, But Policy Lever or Demand Needed for Certification to Have Impact
The certification criteria already exists, but requires a lever to get non-EHR products to certify. For example, data exports from non-EHR sources.
Observations

- The HIT challenges identified in the Ai analysis were generally consistent with AHM Workgroup participants’ experiences – particularly through the APM provider perspective.

- The importance of effective closed loop referral management and the role of the care plan resonated strongly and dovetailed with workgroup discussions of the interoperability roadmap.

- To be successful, the workgroup noted that APM providers will need to:
  1) integrate information from a broad and widening array of sources,
  2) navigate new relationships and priorities, and
  3) define and track shared responsibilities among an expanding scope of care givers.
Feedback

- Explore and incorporate additional perspectives (i.e., patient/person, home health providers, etc.) as the workgroup envisions the success of these partners will be integral to providers’ success. The current AI analysis strongly reflects the provider perspective.

- Two additional functional domains from the provider perspective are:
  - The importance of **bringing** the output of data analytics (i.e., risk algorithms) into the operational care process workflow through well-designed decision support capabilities
  - Given the critical role of performance measurement in APM accountability, APM providers will be required to produce system level, provider level, and patient level feedback in order to successfully meet contractual targets. In particular, clinical quality metrics, utilization management metrics, and total cost of care metrics will require robust support.

- Given the conceptual importance of the care plan, the workgroup acknowledges the importance of promoting policies to advance the use and usability of care plans. The workgroup would build upon current thinking on the episodic care plan to meet the future APM needs of a person-centered longitudinal care plan.

- Prioritize integration of patient-generated (and patient device generated) health data
- Prioritize bi-directional engagement of patients