

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: Update

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1. Develop a repeatable process that identifies the priority use cases that would have the greatest impact on triple aim goals of healthier people/communities, better care, and more affordable care.
2. Illustrate the process by refining the material contained in Appendix H of the Roadmap into a set of prioritized use cases. Appendix H contains a list of goals, ideas, and recommendations for nationwide interoperability submitted to ONC by federal, and other public and private stakeholders prior to release of the draft Roadmap.
3. Recommend a set of actors who should be involved in the prioritization process and in maintaining the list of priority uses cases.



- A use case is a descriptive statement that defines a **scope** (or boundary), **interactions** (or relationships) and **specific roles** played by actors (or stakeholders) to **achieve a goal**.
- The methodology is commonly used to support the identification of requirements and is a simple way to describe the functionalities or needs of an organization.
- A defined prioritization process should help refine and prioritize a list of use cases to inform priorities for the **development of technical standards, policies and implementation specifications**.



1. The WG reached initial agreement on overall prioritization framework and process.
2. Subset of WG members individually reviewed and selected top 15 of 56 the 56 interoperability goals in the Roadmap as priorities based on expected Triple Aim impact.
3. ONC aggregated members' individual top 15 lists and ratings.
4. The complete WG reviewed & discussed the aggregated priorities.
5. The complete WG discussed limitations of the selected priorities and best approaches to combine/edit/focus the language to produce appropriate use cases.

Example of Impact Prioritization Exercise



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ID	"Raw" Roadmap Use Case	Priority Votes	Revision Comments	Health	Care	Cost	Total
5	Authorized providers, caregivers and population health stakeholders are able to access and use pertinent population health data from all applicable sources (aggregate and individual patient level data) to support population health measurement and management.	9	<ul style="list-style-type: none">• Depends upon patient identity and standardized data• Duplicative with use cases #50 and #51?	3.00	2.86	3.00	8.86

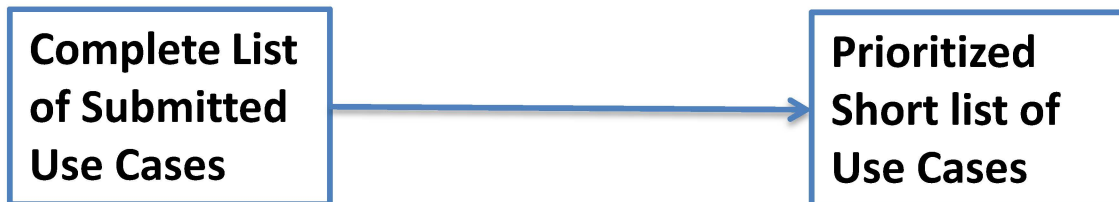
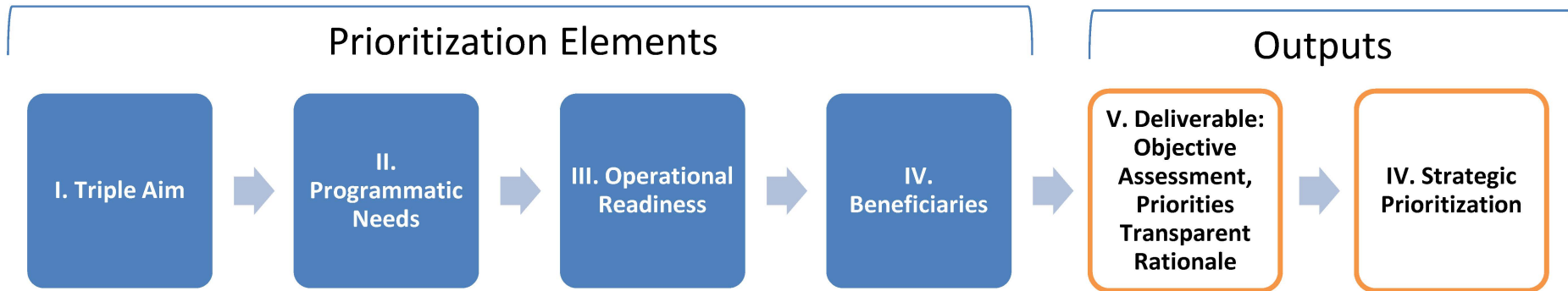


- Members will revise and edit 15 remaining use cases to ensure the final set:
 - Has all the elements necessary for a complete use case (users, relationships, outcomes).
 - Is focused on interoperability.
 - Is representative of variety of domains.
- Members will test each case using the complete set of criteria and refine the process based on this experience.

Complete Process Overview



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Conceptual Overview of Prioritization Elements



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Which use cases would be most impactful on triple aim goals?

Prioritized Use Cases

- A. Use Case A
- B. Use Case B
- C. Use Case C
- D. ...



Readiness

Priorities for policy and standards work

Low hanging fruit

Gap in Policies or Standards

Impact/Value of Use Case

I. Prioritization Element: Impact



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Objective

- Consider how important the use case is to make progress on triple aim goals.

Criteria Detail

- **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
- **Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

Evaluation

- Determine a value from 1 – 3 for each aim to derive a score from 0 – 9.

II. Prioritization Element: Programmatic Need



Objective

- Consider the timeframe in which the use case is needed to support key national goals.

Criteria Detail

National Quality Strategy Priorities

- *Safety.* Making care safer by reducing harm caused in the delivery of care
- *Patient Engagement.* Ensuring that each person and family is engaged as partners in their care.
- *Care Coordination.* Promoting effective communication and coordination of care.

- *Prevention.* Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- *Community.* Working with communities to promote wide use of best practices to enable healthy living.
- *Affordable.* Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

HHS Goals

- *Better care, Smarter spending, Healthier people*

HHS Delivery System Reform Goals

- *30% of Medicare payments through alt. payment models by 2016, 50% by 2018*
- *90% of FFS payments linked to quality and value by 2018*

Interoperability Roadmap

- *2015 – 2017 - 3 Year: Send, receive find and use common clinical data set*
- *2018 – 2020 - 6 Year: Expand interoperability and HIT users to improve health and lower cost*
- *2021 – 2024 – 10 year: Achieve a nationwide learning health system*

Evaluation

- Rate impact on each need as “0” (no impact), “-” (minimal impact), or “+” (large impact).

III. Prioritization Element: Readiness



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Objective

- Consider current barriers or facilitators affecting widespread adoption of the use case.

Criteria Detail

- **Business and Cultural Environment.** Is there a clear business case supporting adoption of the use case? Will stakeholders be receptive to the use case or reluctant to adopt?
- **Technical Environment.** Are the standards needed to support the use case available and mature? How much effort will be required to advance standards relative to current state? What key dependencies in the broader technology environment will help or hinder adoption?
- **Stakeholder Cost/Benefit Considerations.** What financial, opportunity, and time costs will stakeholders need to incur in order to adopt the use case? How will adoption of the use case impact provider experience?
- **Policy Environment.** Does the current policy environment (e.g. payment and privacy policy) support or hinder adoption of the use case? Is adoption contingent on any major policy dependencies?

Evaluation

- Determine a value from 1 – 3 for each readiness factor reflecting the degree to which the factor will support use case adoption, i.e. from “1” (minimal readiness to support adoption) to “3” (factor is highly supportive of adoption).

IV. Prioritization Element: Beneficiaries



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Objective

- Identify the stakeholder(s) that are the primary beneficiaries of adoption of the use case.

Criteria Detail

1. Consumer/Patient
2. Community
3. Provider
4. Public Health
5. Research
6. Payer

Evaluation

- Rate significance of impact on each beneficiary as “0” (not relevant), “-” (minor beneficiary), or “+” (primary beneficiary).

V. Workgroup Deliverable

- Transparently conveys logic of prioritization process
- Opportunity for WG to provide additional context:
 - What are critical dependencies for the use case?
 - How will adoption of the use case accelerate other priorities?
 - What are major areas of effort needed to support adoption of use case?



VI. Strategic Prioritization

- Leadership evaluates results of objective assessment
- Determines resource allocation and timing based on consideration of current strategic priorities.



QUESTIONS