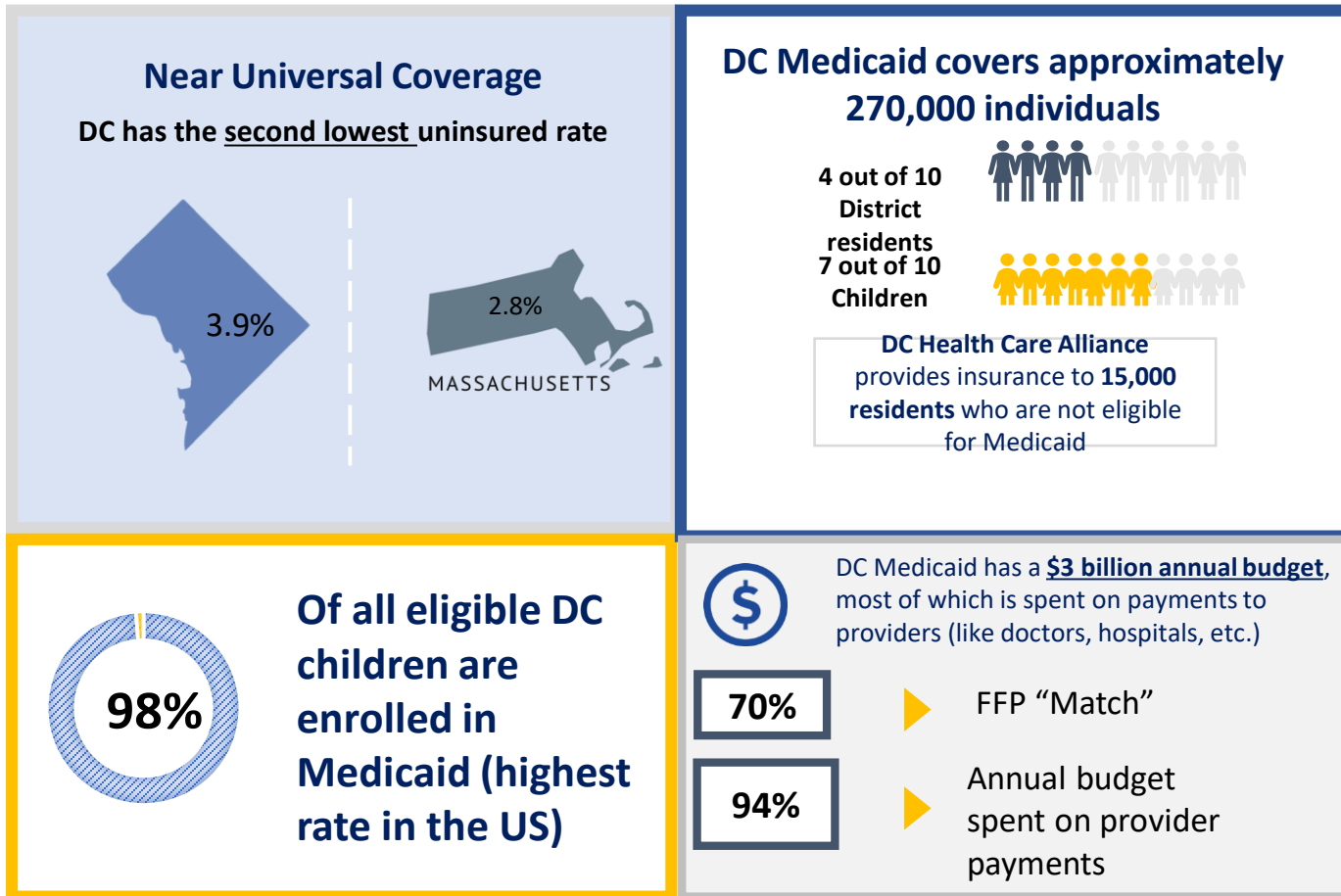# Local HIE's Perspective on TEFCA and Interoperability

Dr. Erin Holve, Director, Health Care Reform and Innovation Administration, Department of Health Care Finance, Government of the District of Columbia

Craig Behm, Executive Director, Chesapeake Regional Information System (CRISP) Maryland

DHCF Programs Provide Healthcare Coverage to Nearly 40% of District Residents – Supporting Near Universal Coverage in DC

Near Universal Coverage

DC has the <u>second lowest</u> uninsured rate

3.9%

2.8%

MASSACHUSETTS

DC Medicaid covers approximately 270,000 individuals

4 out of 10 District residents

7 out of 10 Children

DC Health Care Alliance provides insurance to **15,000 residents** who are not eligible for Medicaid

98% Of all eligible DC children are enrolled in Medicaid (highest rate in the US)

DC Medicaid has a **<u>$3 billion annual budget</u>**, most of which is spent on payments to providers (like doctors, hospitals, etc.)

70% ▸ FFP "Match"

94% ▸ Annual budget spent on provider payments

Health Challenges in DC Persist, Despite High Levels of Healthcare Coverage

Life expectancy is highly variable across the District.
- ➤ 17-year difference in lifespan: Ward 3 (86 years) and Ward 8 (69 years)

One in ten births is preterm.
- ➤ The percentage of live preterm births decreased from 2006 to 2016 for all wards, but has remained around 10% District-wide since 2009.
- ➤ ~1/3 of preterm births in the District occur among women who have previously experienced a preterm birth.

Avoidable and Preventable Conditions
- ➤ 12th highest 911 call-volume in the country. Hospital emergency departments have very high rates of ambulatory care sensitive conditions (ACSs).
- ➤ In Wards 7 and 8, 20% of hospital discharges and 21% of ED visits are for ACS conditions.

Inappropriate Use of Acute Care
- ➤ ~10% of District residents report they delayed medical care due to not being able to get an appointment soon enough.
- ➤ Ward 1 residents report the most challenges (~14%).

DHCF's STRATEGIC PRIORITIES, 2019
1. Building a health system that provides whole person care
2. Ensuring value and accountability
3. Strengthening internal operational infrastructure

The District has significant variation in health IT systems
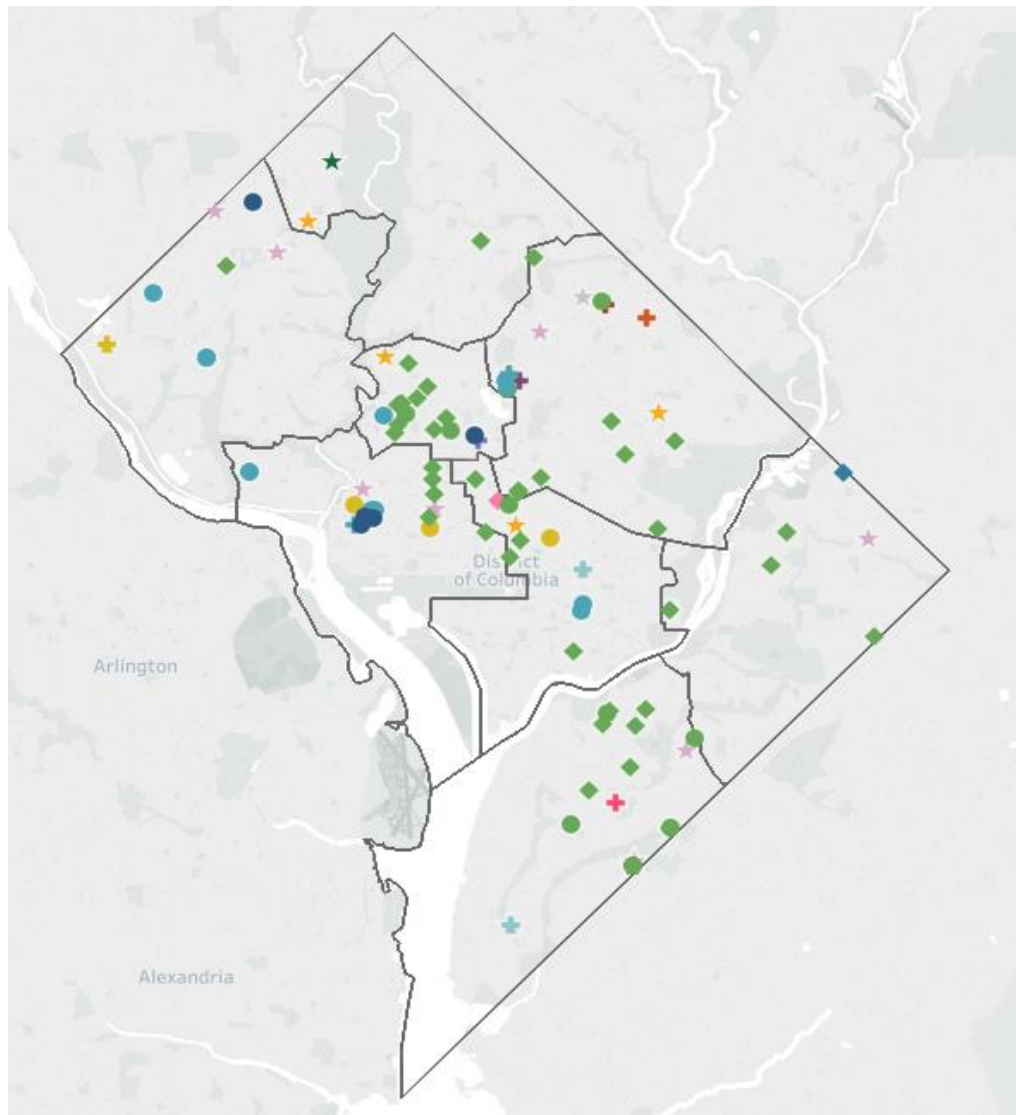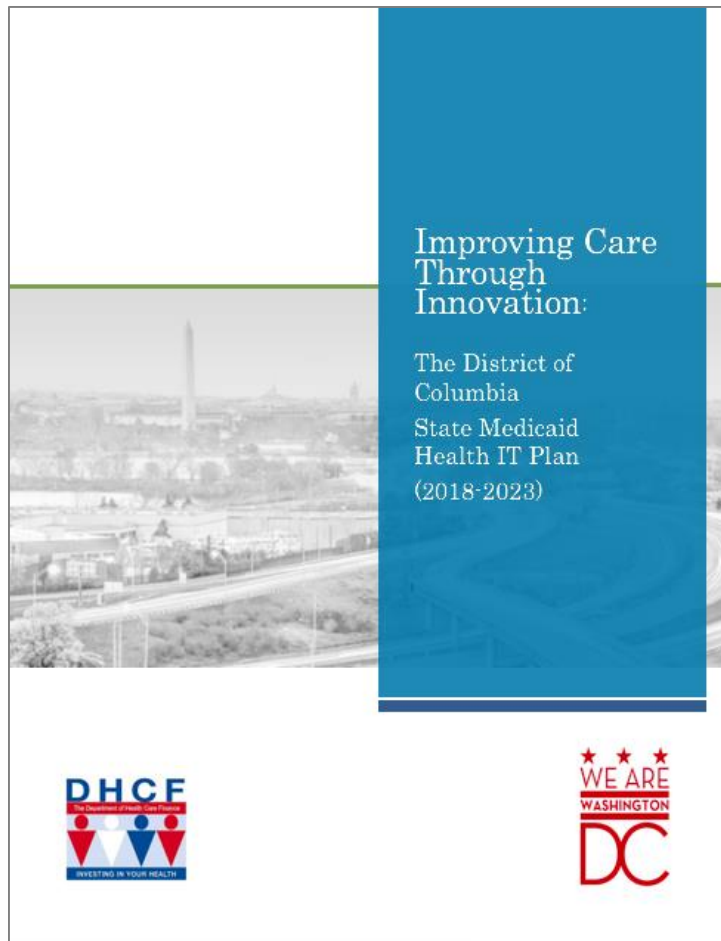

Facility Type
- ◆ FQHC & Health Centers
- ✚ Hospitals
- ★ Long-Term Care Facility
- ● Health System-Affiliated Ambulatory Group

EHR Type
- ■ Allscripts
- ■ Athena
- ■ Cerner
- ■ CPSI
- ■ CueShift
- ■ eClinicalWorks
- ■ Epic
- ■ MatrixCare
- ■ MedConnect
- ■ MEDHOST
- ■ Meditech
- ■ NetSmart
- ■ NextGen
- ■ Optimus
- ■ PointClickCare
- ■ Siemens
- ■ VistA

2018 State Medicaid Health IT Plan

Improving Care Through Innovation:

The District of Columbia State Medicaid Health IT Plan (2018-2023)

dhcf.dc.gov/hitroadmap

» **The District's Heath System is Disconnected**

- Health information is siloed within each organization
- Organizations and stakeholders cannot share information efficiently and easily

» **The District's Health System is Difficult to Navigate**

- Residents are unable to access health services wherever and whenever needed
- Social determinants of health affect residents' ability to manage health

» **Health IT and HIE Roadmap includes four use cases that drive priorities**

DHCF Adopted the DC HIE Rule in August 2019

- **Establishes** a core set of standards and expectations for health information exchange that DHCF can regulate

- **Bolsters** public trust by defining characteristics and requirements to facilitate secure, timely exchange of health information

- **Ensures** core services are maintained through designated HIE entities

- **Designs** advanced payment models that utilize the exchange of health information

- **Formalizes** partnerships to facilitate a more direct level of cooperation between DHCF and HIEs operating in the District (i.e. clearly define who participates in The DC HIE)
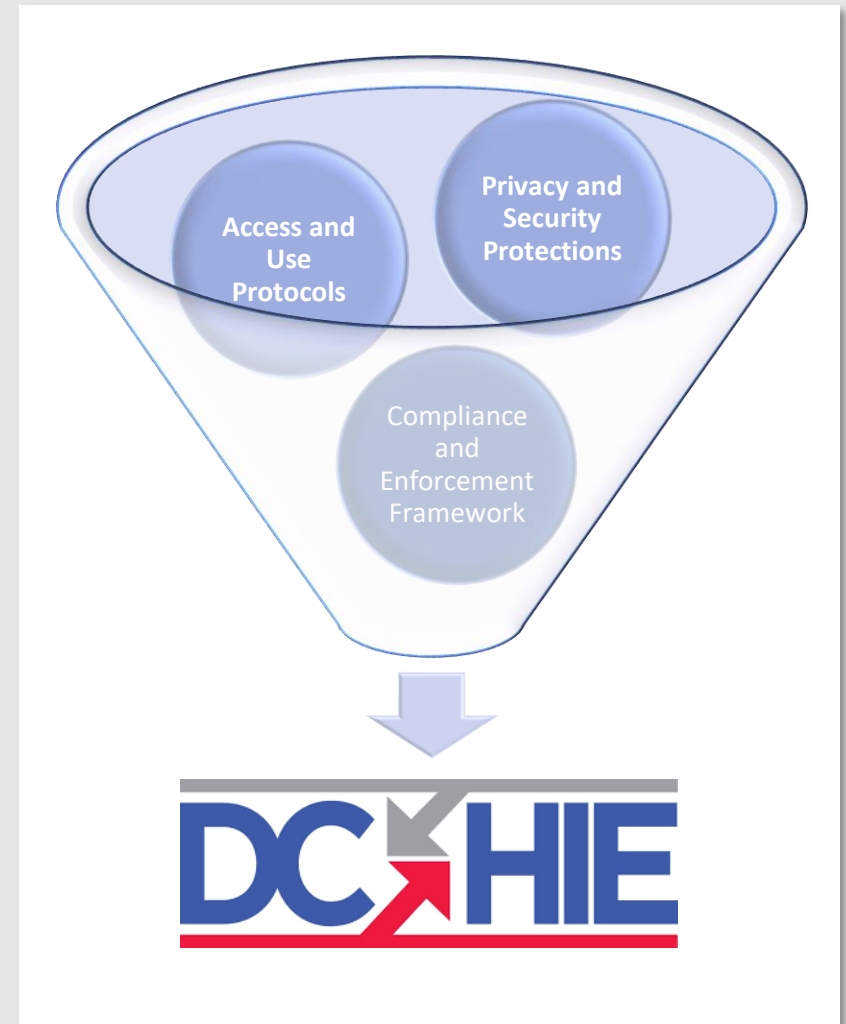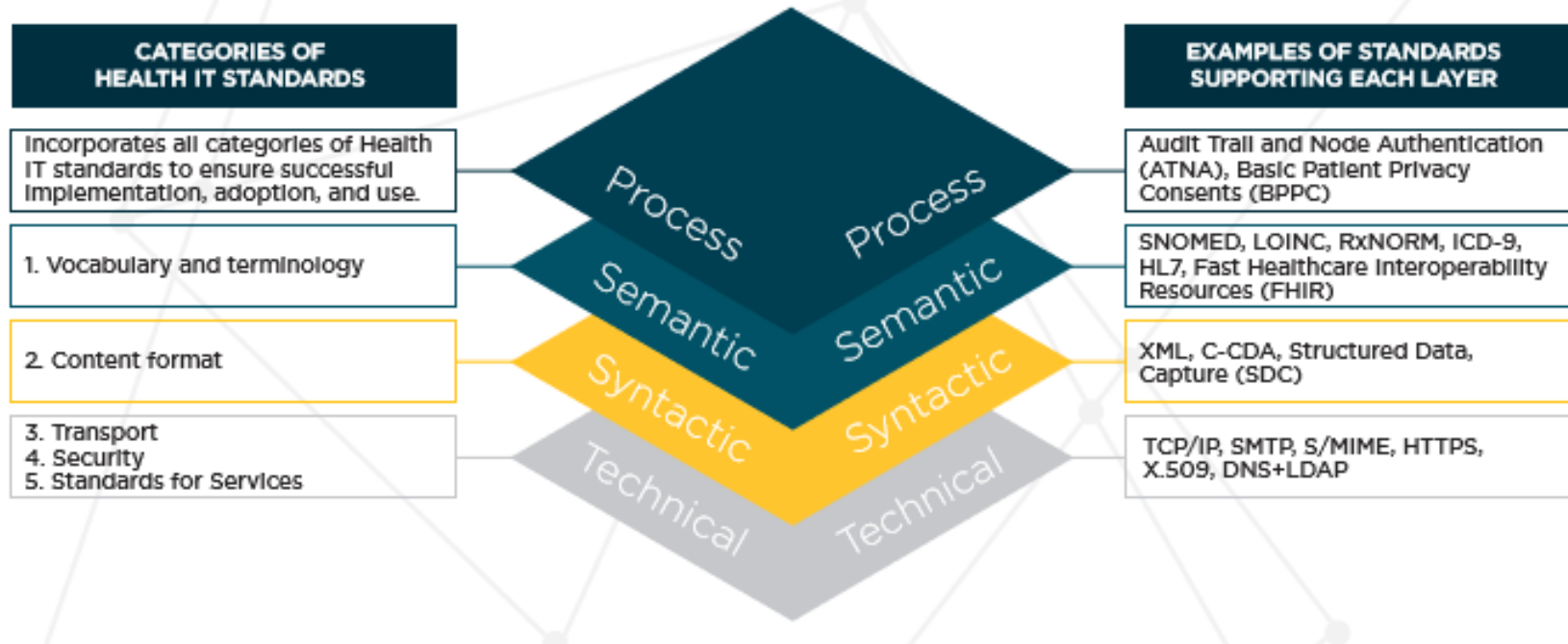
WHY CONNECT TO THE DC HIE? WHY NOW?

- The DC HIE is an opportunity to improve care for your patients by:
    - Allowing you to see a more complete record, including care team members
    - Sending you notifications when your patients are seen in the hospital
    - Supporting transitions of care and care coordination
- The DC HIE includes data <u>not</u> available in your EHR:
    - Information from all acute care hospitals in the District
    - All Medicaid claims
    - 911 dispatch calls and ambulance data
    - Care records for services delivered in Maryland
    - Receive real time care alerts from providers across the District who treat your patients
- Through 2021, all Medicaid-enrolled providers **who** submit at least 100 claims to DHCF in a year are eligible for HIE Connectivity technical assistance, which covers connectivity fees at no cost to the provider

www.enlightened.com

Process Interoperability is our Enduring Challenge

Figure 2. Mapping the Layers of Interoperability to Categories of Health IT Standards

CATEGORIES OF HEALTH IT STANDARDS		EXAMPLES OF STANDARDS SUPPORTING EACH LAYER
Incorporates all categories of Health IT standards to ensure successful implementation, adoption, and use.	Process	Audit Trail and Node Authentication (ATNA), Basic Patient Privacy Consents (BPPC)
1. Vocabulary and terminology	Semantic	SNOMED, LOINC, RxNORM, ICD-9, HL7, Fast Healthcare Interoperability Resources (FHIR)
2. Content format	Syntactic	XML, C-CDA, Structured Data, Capture (SDC)
3. Transport 4. Security 5. Standards for Services	Technical	TCP/IP, SMTP, S/MIME, HTTPS, X.509, DNS+LDAP

Padgham, David; Edmunds, Margo; and Holve, Erin, "Toward Greater Health Information Interoperability in the United States Health System" (2016).Issue Briefs and Reports. http://repository.edm-forum.org/edm_briefs/20

Foundational Infrastructure for the DC HIE: DHCF Support for Key Policy Capabilities and Resources

Sustainability Planning

Technical Assistance

Alignment with District Payment Policies

Continuous Stakeholder Engagement

Policy Governance

➢ Privacy and security
➢ Data access
➢ Data quality
➢ Permitted data use

High Quality Data

DHCF's TEFCA Comments Emphasize Importance of Local Governance

"...we request that ONC recognize the unique role that states play in interoperability and exchange of health information and consider our recommendations on aligning national and state requirements..."

- *Consent to share requirements* - ONC should provide additional guidance on how participants should align their practices to conflicting Federal and state privacy laws

- *Minimum set of required terms and conditions for privacy and security* - ONC should require the RCE, in its cooperative agreement, to design a phased approach with impacted entities in collaboration with state health IT coordinators

On the Horizon…Governance First!

- Consent Management
  - District received CMS approval for first-in-the-nation joint SUD and mental health 1115 waiver on 11/6/19
    - Goal is to improve whole person care and integrate physical/mental health
    - High proportion of beneficiaries with co-occurrence of SUD and SMI – makes it imperative to integrate these sensitive data
  - The District selected for one of 15 State Medicaid grants to build SUD Provider Capacity
    - Approximately half of the award will support technical assistance to implement evidence-based care
    - Will build a consent management solution to facilitate appropriate data exchange; reduce information silos
- Social Determinants of Health
  - DHCF is finalizing a multi-year grant to support a social need screening, referral, and analytics solution operating at the HIE level
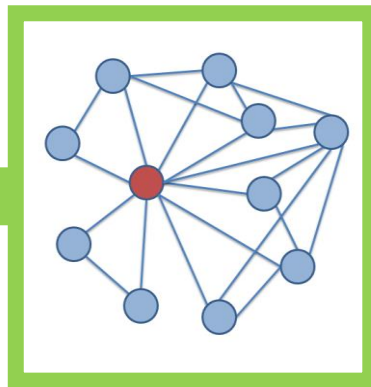   - Ideally will integrate with DC eligibility systems used by social service providers

Backup Slides

Why does the DC HIE matter for the District?

For **patients**, the DC HIE means having more informed providers who meet their needs and preferences in the delivery of high-quality, high-value health care. Their providers will communicate more regularly, and they won't need to "tell their story" or bring copies of medical records to offices.


For **providers**, the DC HIE means having timely access to vital patient health information available when and where it is needed. This health information will help providers make better-informed decisions that improve care and safety for their patients.

For **HIE entities**, the DC HIE means a level playing field and a citywide governance structure to help exchange health information and meet customer's needs.

2018 State Medicaid Health IT Plan

dhcf.dc.gov/hitroadmap
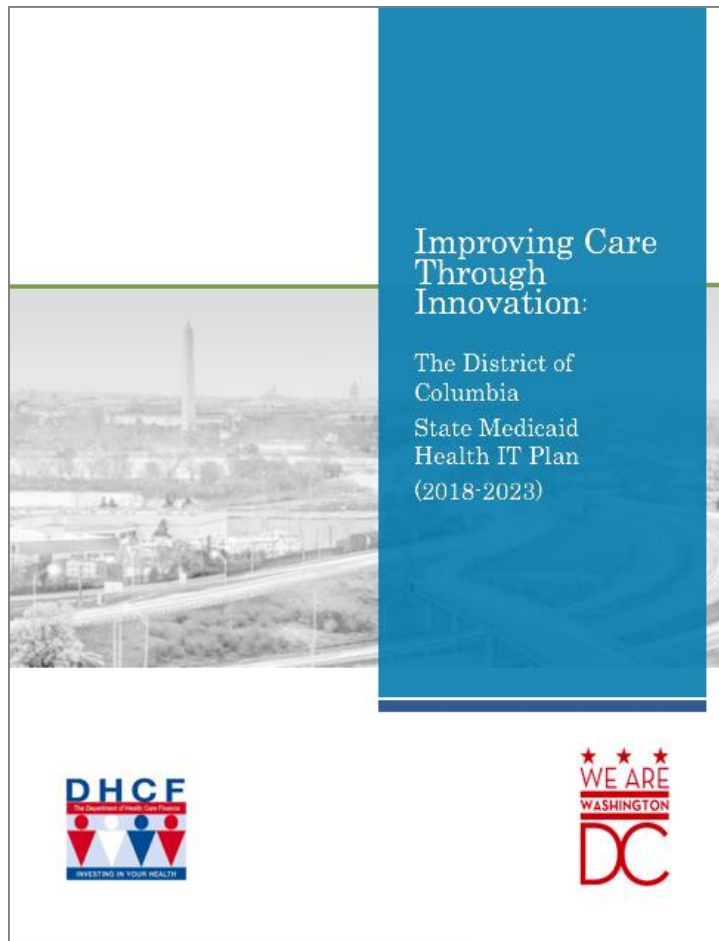
» Opportunities to Improve Health Care

» Current Landscape of Health IT and HIE

» Stakeholder Perspectives and Priorities

» Health IT and HIE Roadmap
  • District health IT and HIE goals
  • Four use cases that drive priorities
  • Proposed projects and timeline

» Evaluation Framework to Measure Health IT and HIE Improvements

» Appendices and Supporting Materials

DHCF Core Competencies Framework for Practice Transformation (1.0)

Core Competency 1: Delivering Patient-Centered Care

1.1 Triaging/prioritizing patients

1.2 Personalizing care planning

1.3 Making referrals to medical, social, and behavioral services

1.4 Managing medications

1.5 Integrating behavioral & physical health

Core Competency 2: Using Population Health Analytics

2.1 Converting data into protocols and interventions

2.2. Improving discharge planning & care transitions

2.3 Sharing data inside and outside your organization

2.4 Evaluating performance measure data

2.5 Leveraging telemedicine

Core Competency 3: Adapting Operations to a Performance-Based Model

3.1 Training and maintaining workforce

3.2 Advancing a patient-centered and team-based culture

3.3 Integrating technology into daily routine

3.4 Continuous quality improvement

3.5 Improving discharge planning & care transitions

3.6 Leveraging telemedicine

Core Competency 4: Developing Leadership to Support VBP Strategy

4.1 Investing in infrastructure (e.g. technology)

4.2 Developing sustainable care delivery vision

4.3 Identifying high-value interventions/touches

4.4. Communicating the VBP value-proposition to leadership

SMHP Roadmap Prioritizes Four Areas to Improve Connection and Navigation

Support Transitions of Care
- Improve Health IT and HIE Connectivity for low adopters
- Expand HIE Encounter Summary Information
- Develop Provider Directory
- Improve SSO and EHR Integration
- Improve HIE Data Quality

Collect and Use Social Determinants of Health Data
- Capture SDOH information via health IT and HIE
- Exchange, and Use SDOH Information Across Stakeholders

Analytics for Population Health
- Expand Basic Analytics and Reporting
- Implement Advanced Analytics Tools

HIE for Public Health
- Improve Connectivity to Public Health Registries
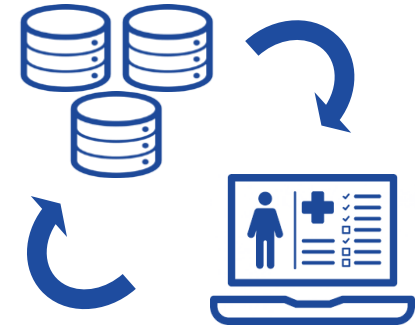- Enhance Public Health Electronic Case Reporting & Surveillance

The DC HIE's Five Core HIE Capabilities for Providers
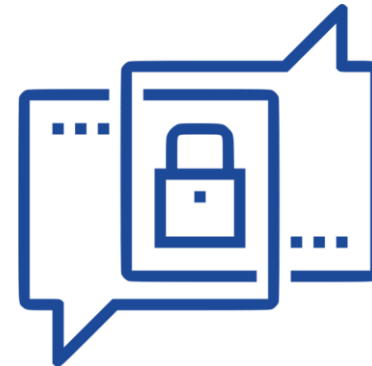
Clinical Patient Lookup

Electronic Clinical Quality Measures (eCQM) Calculation and Review

Specialized Registry Submission through EHRs

Advanced Analytics for Population Health Management

Simple and Secure Digital Communications Among Providers

What is the DC HIE?

The District of Columbia Health Information Exchange:

- Is an interoperable system of registered and designated HIE entities;
- Facilitates person-centered care through the secure, electronic exchange of health information among participating organizations; and
- Is supported by a District-wide health data infrastructure.