EHEALTH COMMISSION MEETING

JUNE 8, 2016
AGENDA

Call to Order and Welcome
   Michelle Mills, Chair
   9:00

Old Business
   Approval of Minutes
   9:05

New Business
   Review and Discuss Use Case for Master Data Management
      Carol Robinson, CedarBridge Group
      9:10
   Review and Discuss Use Case for Personal Health Record
      Carol Robinson

Public Comment
   10:10
   -- Break --
   10:15

FACILITATED DISCUSSION: Moving the Commission Forward
   Marc Chouinard, North Highland
   10:25
   -- Lunch for Commission Members --
   11:40

FACILITATED DISCUSSION, continues
   Marc Chouinard
   12:00

Public Comment
   2:50

Closing Remarks and Adjourn
   Michelle Mills
   2:55
A DEEPER DIVE ON MEDICAID TECHNOLOGY COMPONENTS:

- Master Data Management for Medicaid clients
  - Master Provider Directory
  - Master Patient Index

- Personal Health Record (PHR)
Increasingly complex needs for accurate provider and person data is needed to support advanced payment models and delivery system reform.

**MDM strategy:** unified view of provider and client data across the data sharing networks
- coordinating architecture and services
- improving quality of data and collaboration

**Two primary functions to consider for MDM strategy**
- Master Provider Directory
- Master Person Index
## MAINTAINED INDEX OF INFORMATION ABOUT PROVIDERS:

<table>
<thead>
<tr>
<th>Provider’s full name</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical location of practice site(s)</td>
<td>Patient attribution to the provider</td>
</tr>
<tr>
<td>Secure messaging information</td>
<td>Provider attribution to a clinic, health system, health plan and payers</td>
</tr>
<tr>
<td>Credentials</td>
<td>Non-clinical care resource identification</td>
</tr>
<tr>
<td>Offered services, hours of operation, languages</td>
<td>At organization and individual provider levels</td>
</tr>
</tbody>
</table>
BASIC (CENTRALIZED) PROVIDER DIRECTORY MODEL:

![Diagram showing the process flow of a basic centralized provider directory model.]

Figure 1: Basic Centralized Provider Directory Model
SIMPLE FEDERATED PROVIDER DIRECTORY MODEL:

Figure 2: Simple Federated Provider Directory Model
COMPLEX FEDERATED PROVIDER DIRECTORY MODEL:

*Figure 3: Complex Federated Provider Directory Model*
Data quality is measured by its fitness to serve its purpose in a given context.

Develop a provider data management plan

Establish data governance ensuring data provenance and integrity

Identify common provider data attributes

Data remediation policies and processes
NEXT STEPS FOR PROVIDER DIRECTORY PLANNING

- Identify working groups
- Identify priority uses for the directory
- Discuss and develop a phased approach
- Identify business, technical, and operational dependencies
- Define Rules of Engagement
- Conduct a technical system assessment of current and developing provider directory services
- Develop technical scope
- Identify and align other policy, program, and technical efforts
- **Master Patient Index (MPI)** (also referred to as Master Person or Master Client)
  - Used to ensure accuracy and availability of a person’s health information

- **Identity matching**
  - For clinical care reliant upon data points that identify patients as uniquely as possible, such as:
    - Patient demographics (e.g., name, address, date of birth)
    - Sophisticated matching processes, such as algorithms,

- **Matching individuals outside of a data system, organization, or agency becomes complex**
<table>
<thead>
<tr>
<th>Nationwide Interoperability Roadmap</th>
<th>MPI Vendors</th>
<th>Other Data Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data elements for individual mapping</td>
<td>A typical minimum set of data</td>
<td>Additional data elements from health and non-health systems that may improve identity management</td>
</tr>
<tr>
<td>• First/Given Name</td>
<td>• First Name</td>
<td>• Driver’s License #</td>
</tr>
<tr>
<td>• Last/Family Name</td>
<td>• Last Name</td>
<td>• SSN</td>
</tr>
<tr>
<td>• Previous Name</td>
<td>• Middle Initial</td>
<td>• Medicaid # / Payer #</td>
</tr>
<tr>
<td>• Middle/Second Given Name (includes Middle Initial)</td>
<td>• Suffix</td>
<td>• Medical Record # / Provider #</td>
</tr>
<tr>
<td>• Suffix</td>
<td>• Date of Birth</td>
<td>• Family members / care givers</td>
</tr>
<tr>
<td>• Date of Birth</td>
<td>• Social Security Number</td>
<td>• Credit bureau information</td>
</tr>
<tr>
<td>• Sex</td>
<td>• Gender</td>
<td>• Other</td>
</tr>
<tr>
<td>• Address (current and historical)</td>
<td>• Home Phone</td>
<td></td>
</tr>
<tr>
<td>• Phone Number (current and historical)</td>
<td>• Address</td>
<td></td>
</tr>
</tbody>
</table>
TECHNICAL ARCHITECTURE FOR MASTER PATIENT INDEX

Central Master Client Index

Provider EHRs
Hospital EHRs
LTPAC/SNF Data sources

HIE
MPl

Master Client Index

Automatic Receipt
Algorithms
Matching
Deduplication

Immunizations Registry
Vital Statistics (Birth/Death)
Human Services
DMV
Education
MMIS
Medicaid Analytics
Eligibility & Enrollment

Payer data
APCD

HIX

Manual demographic entry

Key

Administrative Client Data Sources
Clinical Client Data Sources
MPI Functions
State system w/ individual data
DATA QUALITY TOPICS
MASTER PATIENT INDEX

- Data attributes
- Data integrity
- Accuracy rates
- Education and communication
- Data governance processes
NEXT STEPS FOR MASTER PATIENT INDEX

- Identify working groups
- Identify priority uses
- Discuss and develop a phased approach
- Define Rules of Engagement
- Conduct a technical system assessment
- Develop technical scope
- Recommend data attributes
- Identify current and future funding
- Develop Cost allocation plan
**Personal Health Records (PHRs) + electronic health records (EHRs)** = tools aimed at promoting client’s and patients’ participation in healthcare decisions with increased access to medical care information

<table>
<thead>
<tr>
<th>Tethered PHRs</th>
<th>Untethered PHRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web based accounts given to patients sponsored by health care provider, hospital, or health plan giving patients the ability to view selected EHR collected data collected from a health care visit.</td>
<td>Freestanding repositories of data where an individual can collect their health information and collect medical information from numerous health records. Intent to engage the patient and empower them in their own health care.</td>
</tr>
</tbody>
</table>

- Pertinent clinic visits and hospital discharge information
- Secure communication with providers
- Information driving client responsibility through shared decision making
- Patient education
- Secure, communication with care team
- Online prescription refills
- Bill payment
CMS Testing Evaluation Functional Tool (TEFT) Grant was awarded to Colorado to support planning and implementation of consumer tools for the Long Term Support Services (LTSS) Waiver Populations.

Colorado currently serves 22,384 Elderly, Blind, Disabled (EBD) enrollees and 4,007 Supported Living Services (SLS-ID/DD) enrollees.
## TEFT'S FOUR MAIN CONSUMER TOOLS

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience of Care Survey</td>
<td>Field test a beneficiary experience survey within multiple community-based long-term services and supports (CB-LTSS) programs for validity and reliability</td>
</tr>
<tr>
<td>Functional Assessment and Standardized Items (FASI)</td>
<td>Field test a modified set of functional assessment measures for use with beneficiaries of CB-LTSS programs</td>
</tr>
<tr>
<td>Personal Health Record (PHR)</td>
<td>Demonstrate use of Personal Health Record (PHR) systems with beneficiaries of CB-LTSS</td>
</tr>
<tr>
<td>eLTSS Plan</td>
<td>Identify, evaluate and harmonize an electronic Long-Term Services and Supports (eLTSS) plan in conjunction with the Office of the National Coordinator’s Standards and Interoperability Framework</td>
</tr>
</tbody>
</table>
TECHNICAL ARCHITECTURE OF A PHR
TECHNICAL ARCHITECTURE OF A MEDICAID PHR

Medicaid Community Personal Health Record

- Provider EHRs
- Provider EHRs
- Specialists EHRs
- Hospital EHRs
- LTPAC/SNF data sources
- Payer beneficiary data

HIE

Personal Health Record Tool
- Longitudinal PHR
- Secure Email Communication with Care Team
- Immunizations Query
- Shared Care Plan
- Utilization Information
- Health Education/Shared Decision Making Tools
- Surveys
- Eligibility Information

Immunizations Registry
- MMIS
- Medicaid Analytics
- Eligibility & Enrollment

Client
Care giver Proxy

Key
- Administrative Data Sources
- Clinical Data Sources
- PHR functions
- State system w/ client's data
NEXT STEPS FOR PERSONAL HEALTH RECORD

✔ Convene PHR Planning Workgroup
✔ Expanded communication to targeted patient populations
✔ Policy analysis
✔ Priority Use Cases and Functions
✔ Data systems to incorporate
✔ Common data set
✔ Outreach planning
✔ PHR procurement and decision making
CHALLENGES TO ADDRESS IN PHR PLANNING

- Provider workflows
- Technical challenges
- Authentication
- Security
- Accessibility
PHASED PHR PLANNING

TEFT grant - LTSS and EBD populations

Medicaid client Personal Health Record

Broader statewide personal health record needs
ADDITIONAL OPERATIONAL CONSIDERATIONS FOR TECHNOLOGY PLANNING

- Financing
- Accountability
- Sustainability
- Evaluation
HCPF needs to address the immediate needs for Medicaid population, funded by the CMS-approved Advance Planning Document.

The eHealth Commission needs to assess the long-term state-wide potential for extending services to include populations beyond Medicaid.
PUBLIC COMMENT
DISCUSSION:
MOVING THE COMMISSION FORWARD

MARC CHOUINARD, NORTH HIGHLAND
PUBLIC COMMENT
ADJOURN