



OeHI

Office of eHealth Innovation

EHEALTH COMMISSION MEETING

JUNE 8, 2016

Call to Order and Welcome <i>Michelle Mills, Chair</i>	9:00
Old Business Approval of Minutes	9:05
New Business Review and Discuss Use Case for Master Data Management <i>Carol Robinson, CedarBridge Group</i>	9:10
Review and Discuss Use Case for Personal Health Record <i>Carol Robinson</i>	
Public Comment	10:10
-- Break --	10:15
FACILITATED DISCUSSION: Moving the Commission Forward <i>Marc Chouinard, North Highland</i>	10:25
-- Lunch for Commission Members --	11:40
FACILITATED DISCUSSION, continues <i>Marc Chouinard</i>	12:00
Public Comment	2:50
Closing Remarks and Adjourn <i>Michelle Mills</i>	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 :

Provider's full name	Specialties
Physical location of practice site(s)	Patient attribution to the provider
Secure messaging information	Provider attribution to a clinic, health system, health plan and payers
Credentials	Non-clinical care resource identification
Offered services, hours of operation, languages	At organization and individual provider levels

BASIC (CENTRALIZED) PROVIDER DIRECTORY MODEL:

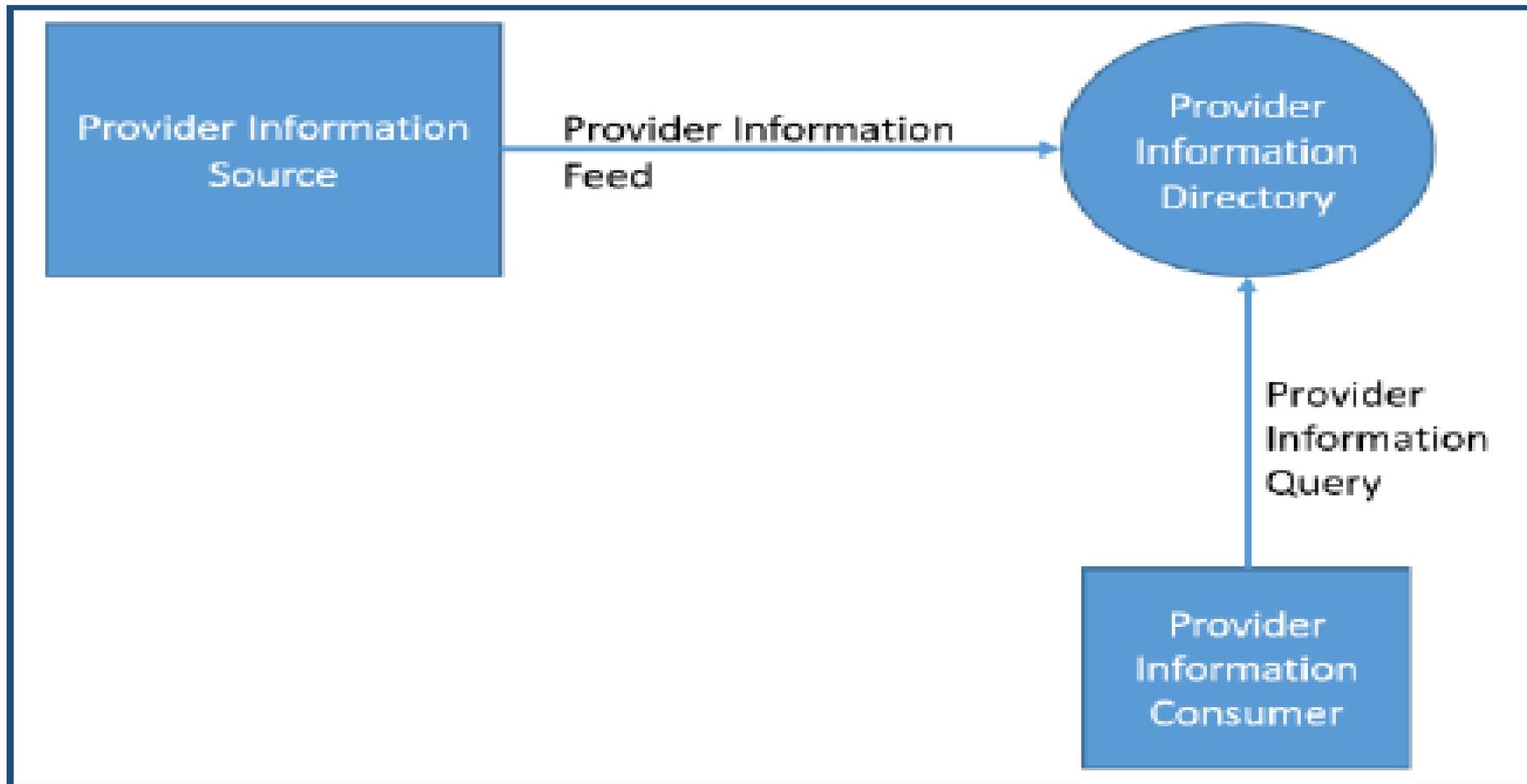


Figure 1: Basic Centralized Provider Directory Model

SIMPLE FEDERATED PROVIDER DIRECTORY MODEL:

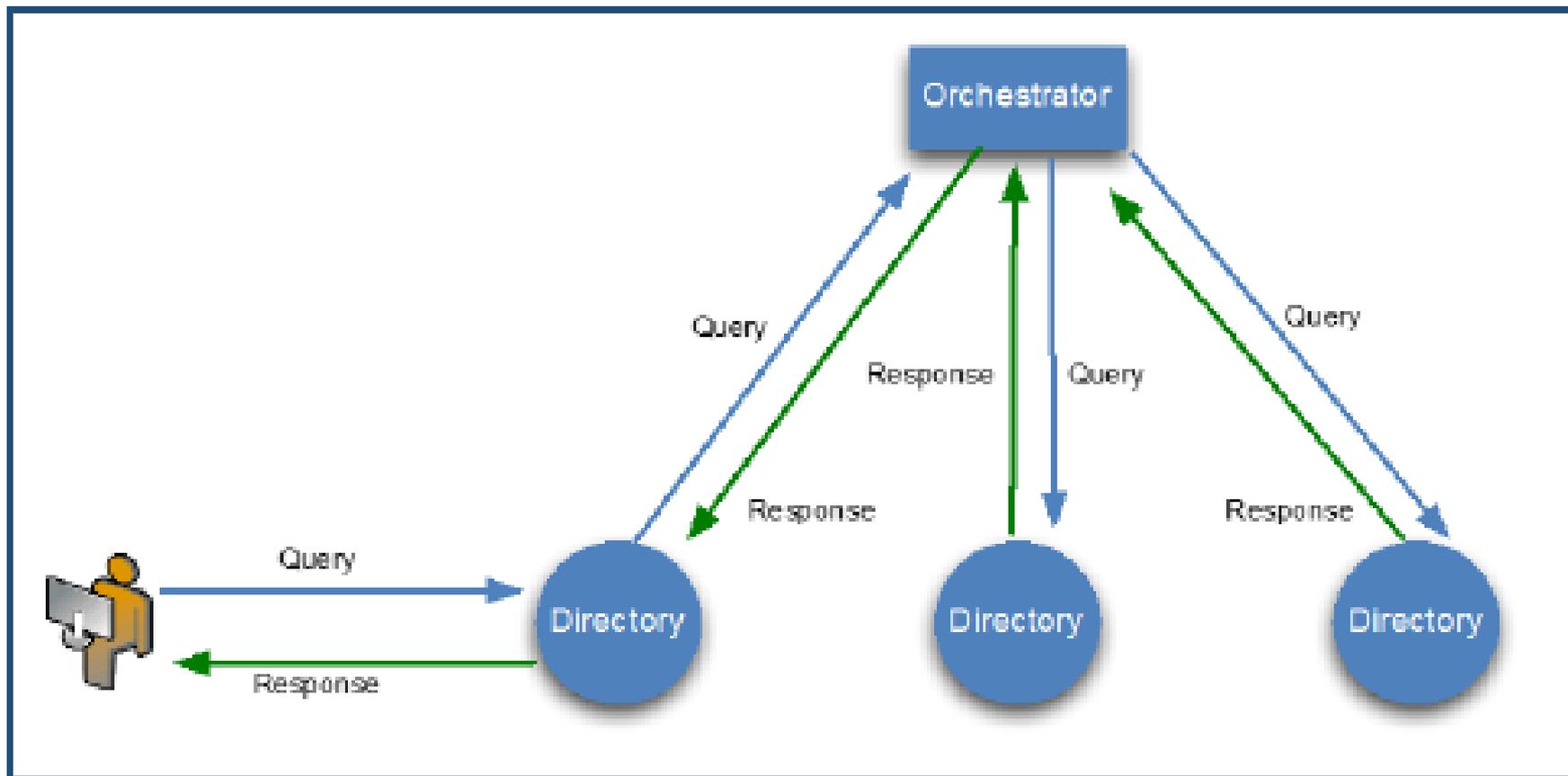


Figure 2: Simple Federated Provider Directory Model

COMPLEX FEDERATED PROVIDER DIRECTORY MODEL:

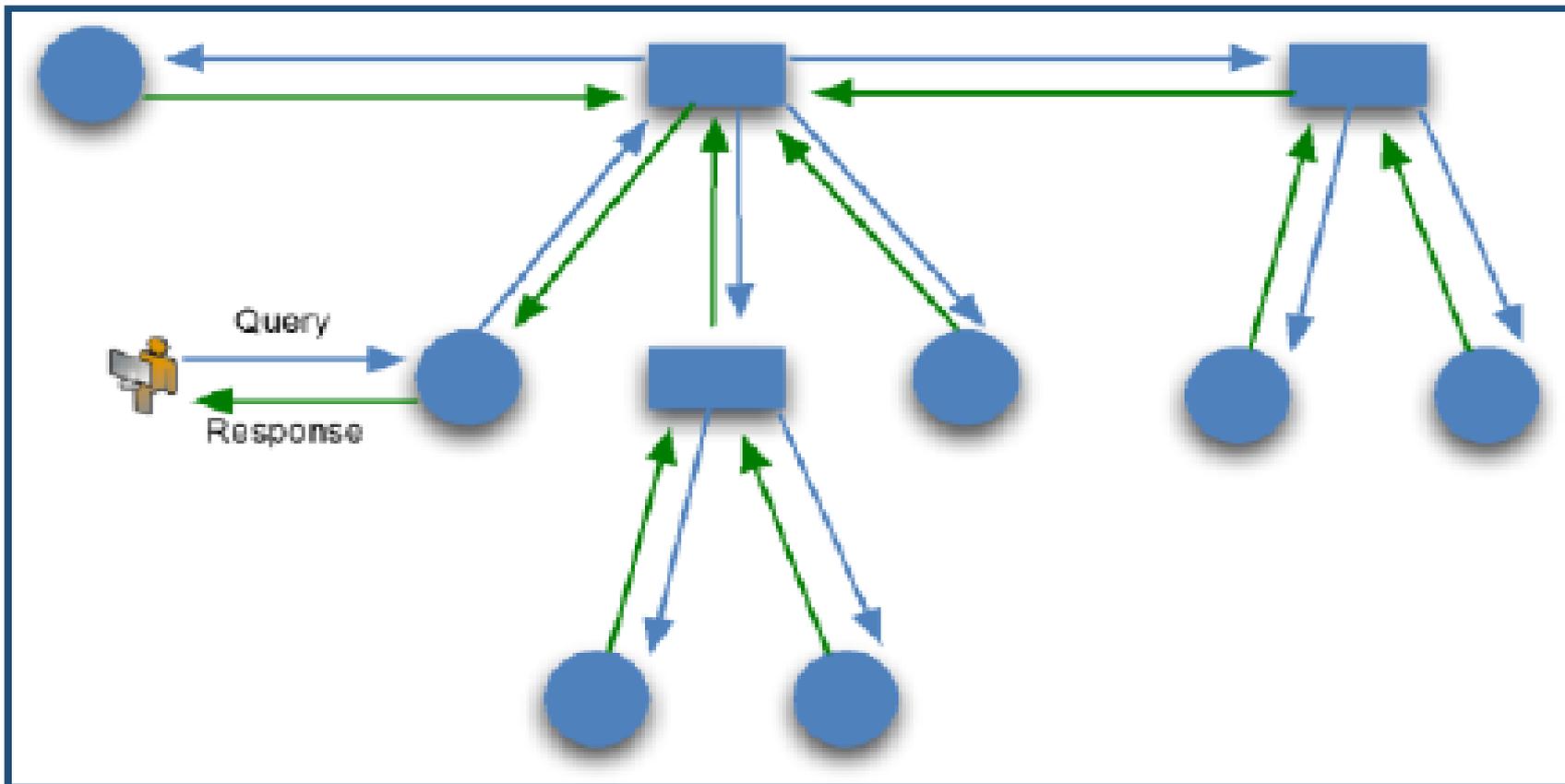
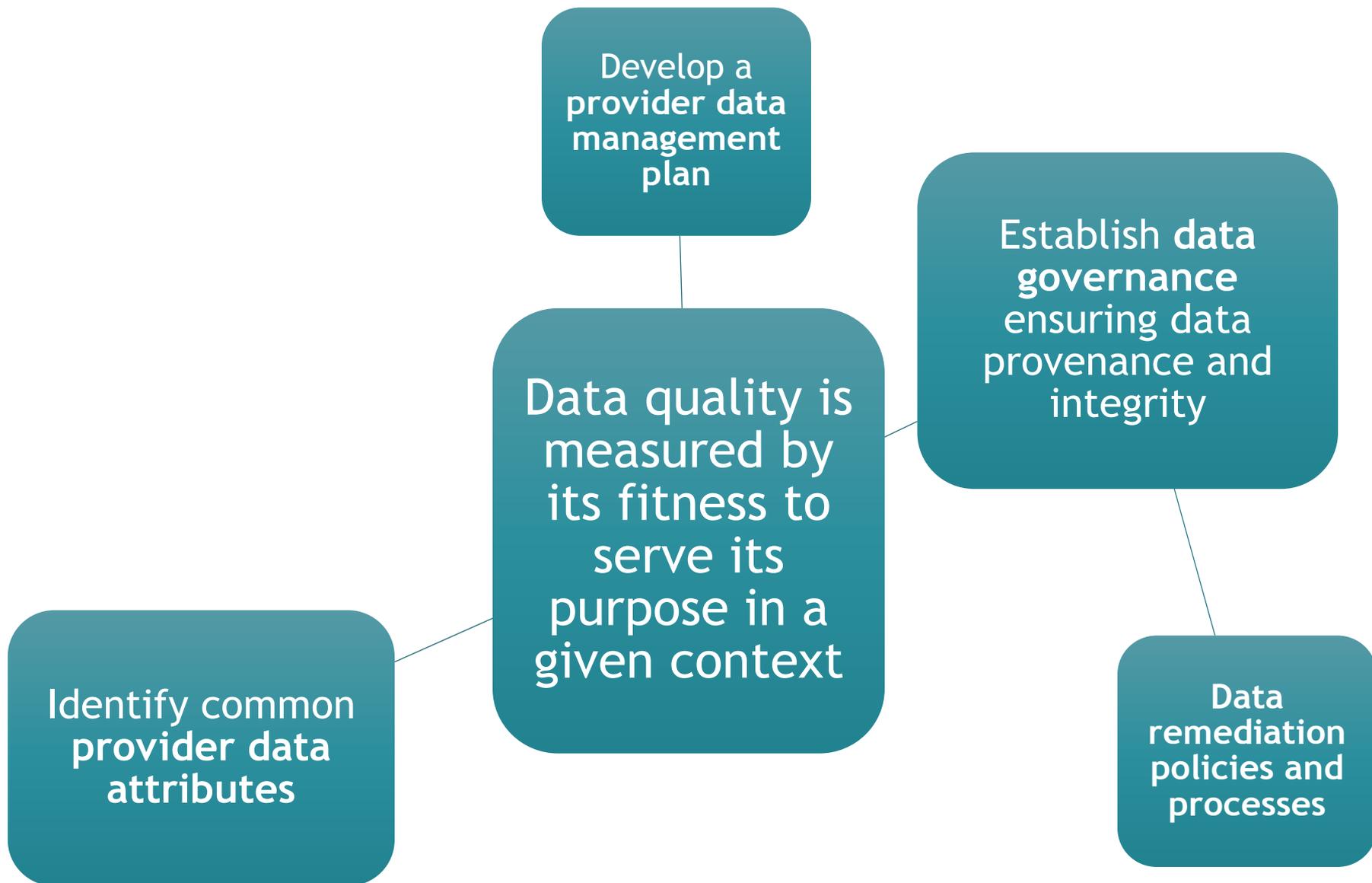


Figure 3: Complex Federated Provider Directory Model

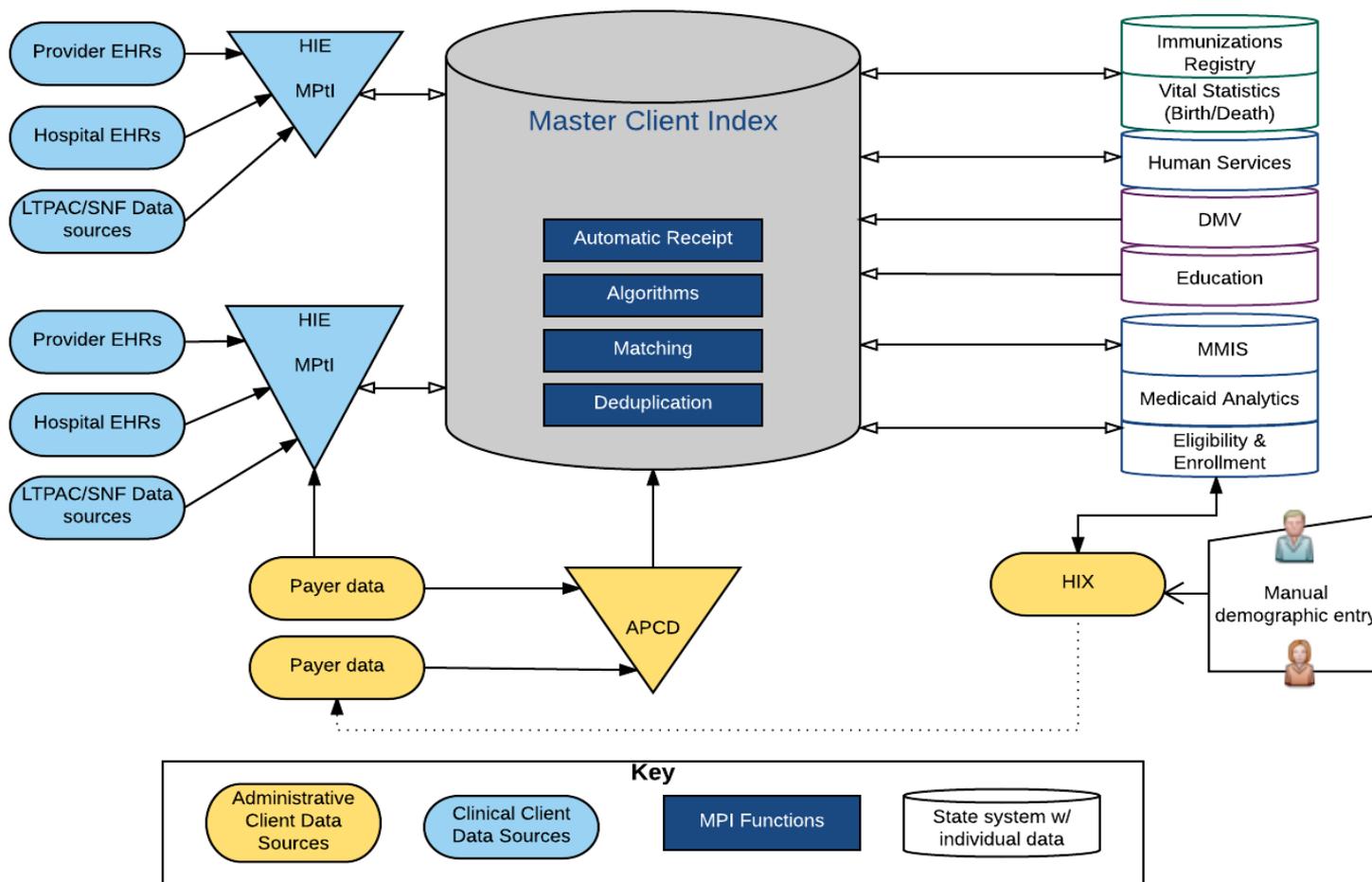


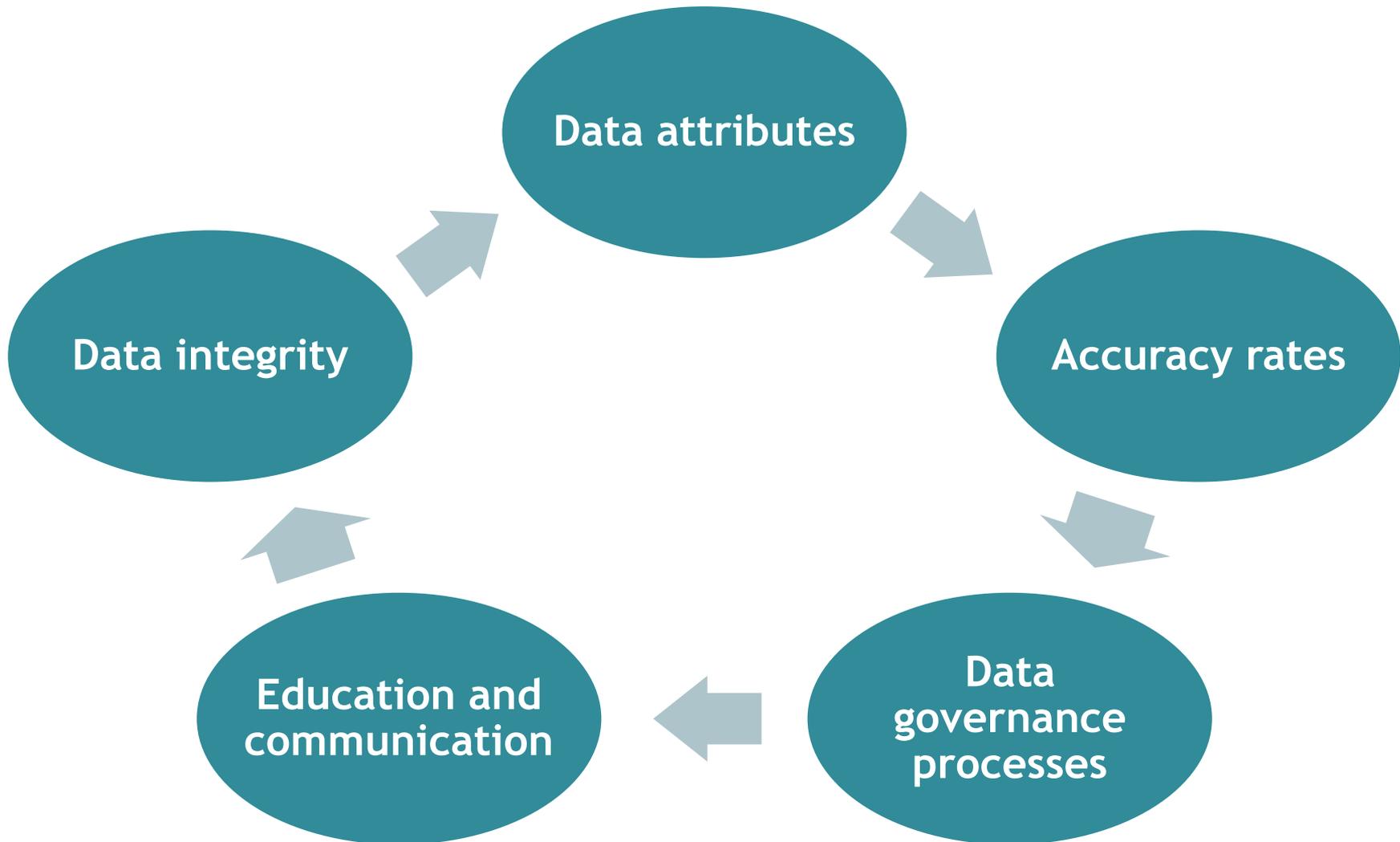
- ✓ Identify working groups
- ✓ Identify priority uses for the directory
- ✓ Discuss and develop a phased approach
- ✓ Identify business, technical, and operational dependencies
- ✓ Define Rules of Engagement
- ✓ Conduct a technical system assessment of current and developing provider directory services
- ✓ 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

Nationwide Interoperability Roadmap	MPI Vendors	Other Data Attributes
<p>Data elements for individual mapping</p> <ul style="list-style-type: none"> • First/Given Name • Last/Family Name • Previous Name • Middle/Second Given Name (includes Middle Initial) • Suffix • Date of Birth • Sex • Address (current and historical) • Phone Number (current and historical) 	<p>A typical minimum set of data</p> <ul style="list-style-type: none"> • First Name • Last Name • Middle Initial • Suffix • Date of Birth • Social Security Number • Gender • Home Phone • Address • Zip Code 	<p>Additional data elements from health and non-health systems that may improve identity management</p> <ul style="list-style-type: none"> • Driver’s License # • SSN • Medicaid #/Payer # • Medical Record # /Provider # • Family members / care givers • Credit bureau information • Other

Central Master Client 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

Tethered PHRs

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.

- 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

Untethered PHRs

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.

TEFT OVERVIEW

- 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

Experience of Care Survey

- Field test a beneficiary experience survey within multiple community-based long-term services and supports (CB-LTSS) programs for validity and reliability

Functional Assessment and Standardized Items (FASI)

- Field test a modified set of functional assessment measures for use with beneficiaries of CB-LTSS programs

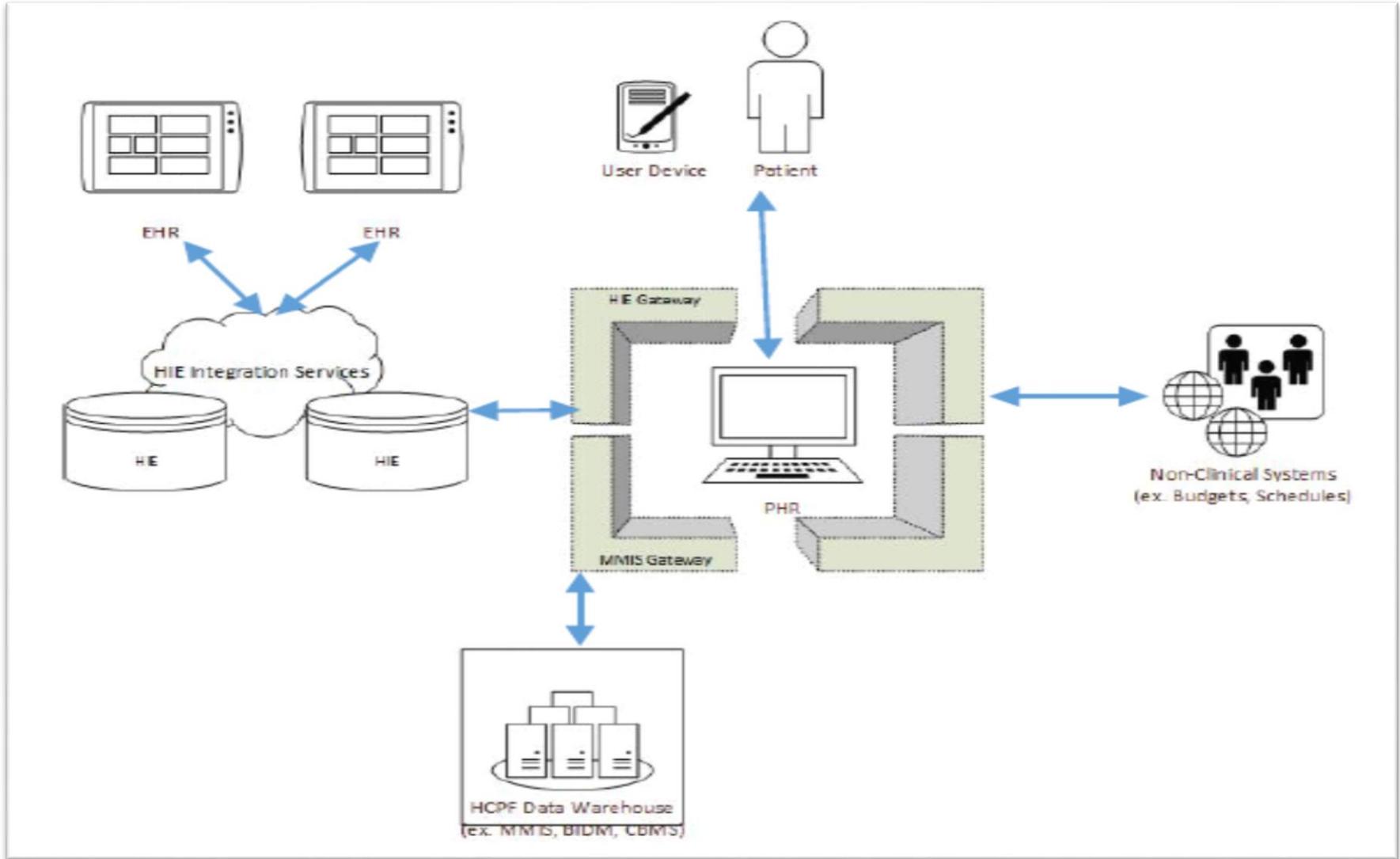
Personal Health Record (PHR)

- Demonstrate use of Personal Health Record (PHR) systems with beneficiaries of CB-LTSS

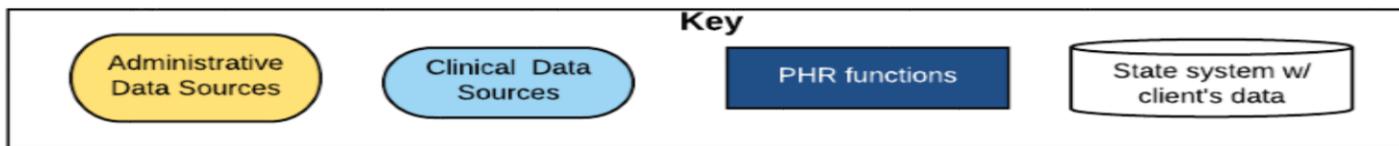
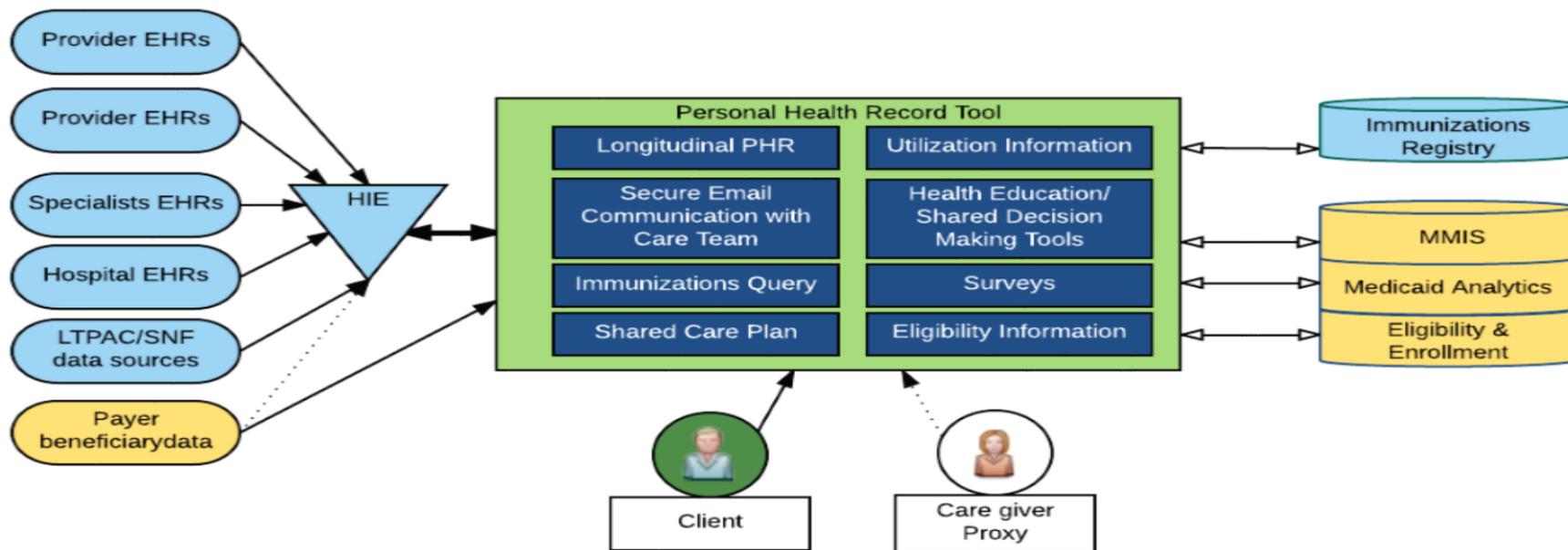
eLTSS Plan

- 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

TECHNICAL ARCHITECTURE OF A PHR



Medicaid Community 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

Provider workflows

Technical challenges

Authentication

Security

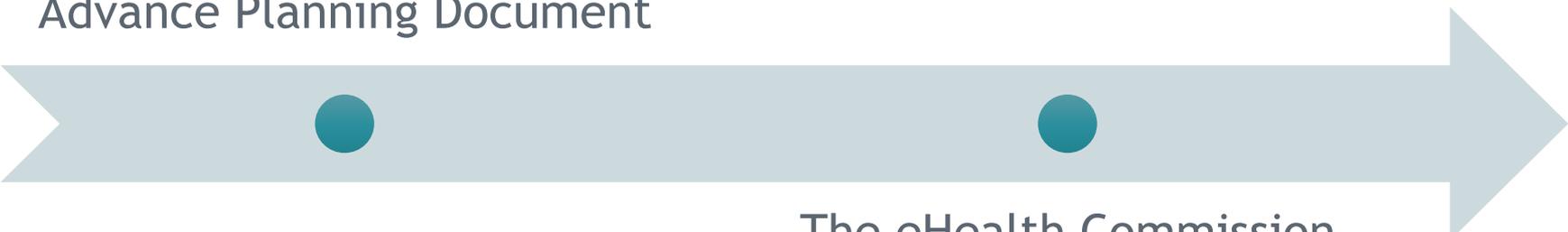
Accessibility



ADDITIONAL OPERATIONAL CONSIDERATIONS FOR TECHNOLOGY PLANNING



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



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PUBLIC COMMENT



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DISCUSSION: MOVING THE COMMISSION FORWARD

MARC CHOUINARD, NORTH HIGHLAND



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ADJOURN