NEW YORK STATE OF OPPORTUNITY. Department of Health

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #6

June 12, 2015

Agenda

#	Topic	Time	Leader
1	Welcome and Introductions	10:05 – 10:10	Patrick Roohan
2	Opening Remarks	10:10 – 10:15	Courtney Burke
3	SHIN-NY Update	10:15 – 10:45	Jim Kirkwood
4	Performing Provider Systems and Health Information Exchange • PPS: Mt. Sinai	10:45 – 11:45	Todd Ellis, KPMG Kash Patel, Mt. Sinai
5	APD Update • RFP and Status Updates	11:45 – 12:15	Chris Nemeth
6	Transparency Discussion • 4/24 Transparency Meeting • Consumer Focus Groups	12:15 – 12:40	Mary Beth Conroy
7	Discussion and Next Steps	12:40 – 1:00	Patrick Roohan

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SHIN-NY Update

James Kirkwood, Director
Health Information Exchange Bureau
Office of Quality and Patient Safety

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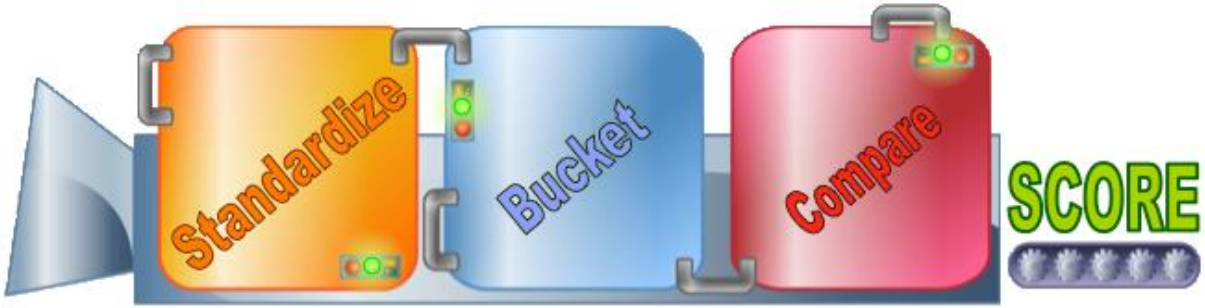
RHIO Certification Update

- RHIOs completing certification to become qualified entities(QEs)
- Final report available end of June
- Assessed against 36 criteria to assure security and privacy of protected health information
- Once certified, QEs will be allowed onboard to statewide services
- NYeC statewide services assessed by KPMG

Statewide Patient Lookup



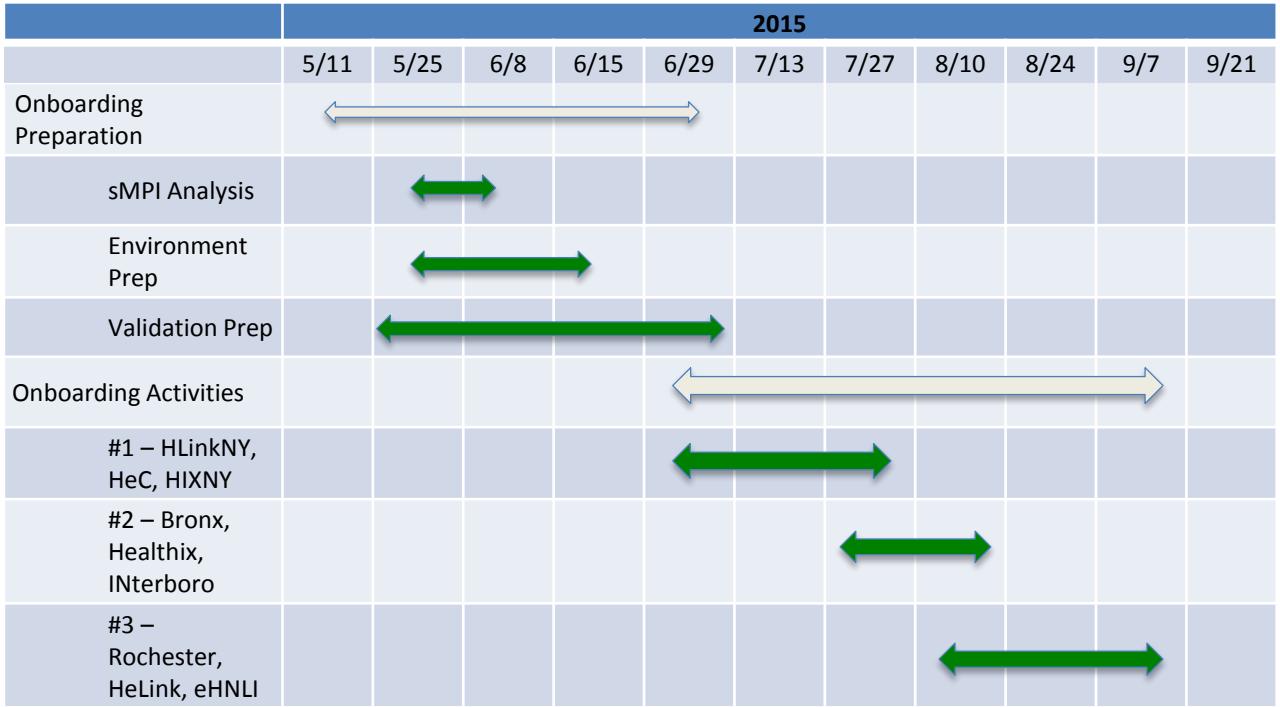
Converts data to simplest form for easier use during matching process.

Organizes records that share common values for faster search retrieval.

Compares pairs of records using the probabilistic method to calculate a score.

Jim Smith ➔ SMITH:JIM ➔ JN + SNT ➔ Jim Smith vs. Jim Smith = 6.1
➔ Jim Smith vs. James Smith = 5.9
➔ Jim Smith vs. John Smith = 4.2

Timeline: Implementing Statewide Patient Look-up



- First wave in July
- Each wave is 3-4 weeks of implementation with minor overlap
- Last waves finishes mid-September

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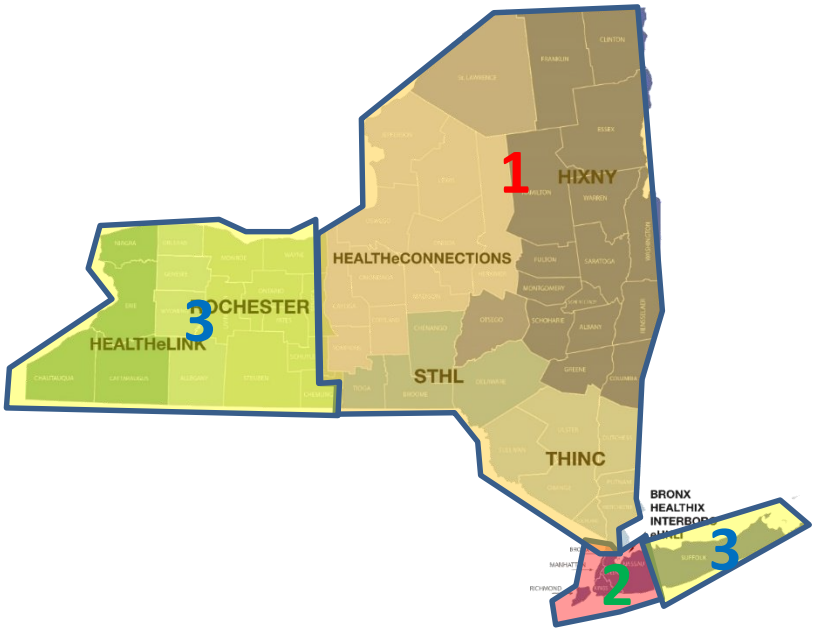
Implementing Statewide Patient Look-up

- QEs will be connected to statewide Patient Record Lookup (PRL) in 3 waves
- Wave grouping were chosen by their likelihood to have patient overlap
- Wave 1: Central Regions

  Southern Tier (Binghamton), Hudson Valley, Central (Syracuse), Capital District (Albany)
  - HealthLinkNY (STHL & THINC previously)
  - HealtheConnections
  - HIXNY
- Wave 2: Downstate

  NYC and Long Island
  - NYCIG_1 (Interboro)
  - Healthix
  - Bronx RHIO
- Wave 3: Edges

  Western Region, Finger Lakes, Eastern Long Island
  - NYCIG_2 (eHNLI)
  - Rochester RHIO
  - HealtheLink



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Next Steps

- Establishing workgroup on maintaining the statewide Master Patient Index (sMPI)
  - Operationalizing the sMPI
  - Identifying improvements to matching algorithm
  - Establishing processes for remediating issues
- RHIOs incorporating communications into participant training
  - Similar to adding a new data source
- NYeC communicating with associations

SHIN-NY Involvement with DSRIP

- All RHIOs supporting PPSs for clinical exchange
- RHIOs working with PPS to identify the ability of PPS members for exchange capability
- PPS CIO-RHIO workgroup
  - Issues of consent
  - Access to Medicaid claims data
  - Ensuring PPS awareness of SHIN-NY and statewide patient record look-up
- MAPP-SHIN-NY connection
  - Defining use cases
  - How information exchange would occur

SHIN-NY Regulations/Policies Update

- Updated draft regulations based on comments from HIT Workgroup and other SHIN-NY stakeholders
  - Inclusion of provisions on patient rights
  - Inclusion of regulated mental health facilities
    - Would require concurrent OMH regulation
- Revised draft regulations shared with Workgroup, feedback requested by 6/26
- Regulations to be submitted SAPA process
- SHIN-NY Policies to be distributed for general comment period

Public Health Access to SHIN-NY Data

- Establishing framework to coordinate public health access by NYSDOH, NYCDOHMH and county health departments for public health activities such as:
  - Communicable disease investigation
  - Follow-up on mandated reporting
  - Control of lead poisoning
  - Infection control
- Common participation agreement between QEs and NYSDOH
- Updated internal NYSDOH policies to ensure access is authorized by law

NEW YORK STATE | Department of Health | Medicaid Redesign Team

DSRIP IT Target Operating Model (TOM)
NYS HIT Workgroup Update

June 12, 2015

Presentation by: DOH IT DST

Partner Lead: Todd Ellis, KPMG

High-level requirements of an Integrated Delivery System:

To enable transformation into an Integrated Delivery System (IDS), PPSs will have to adopt new technology capabilities to support new business processes

- **New technology capabilities** are required to support a coordinated, value based care model
- **New architecture and interfaces** are required to enable collaboration across the care continuum
- **Alignment of business operations with IT systems** is necessary to enable capabilities such as population health management and coordinated care

Key IT related complex changes:

CURRENT STATE

- EHRs systems operate in an isolated fashion
- Data is not shared across the continuum of care
- Patients are engaged on a reactive basis
- Patient data is used only when care is administered
- Hospital systems rely on internal data sources

FUTURE STATE

- **Technology systems** are connected and interfaced
- Data is shared in a secure manner between PPS partners through the use of **HIEs, RHIOs,** and/or **SHIN-NY**
- Patient engagement is increased through the use of **patient portals**, **mobile applications**, and **devices**
- Patient data is used proactively for screening through **population health management tools**
- **Care management systems** are leveraged for more efficient and effective care coordination

IT Target Operating Model Project Overview:

To assist with adaptation to the new IDS environment, the DSRIP Support Team (DST) is collaborating with PPSs to define an IT Target Operating Model

OBJECTIVE

- **Generate a holistic target operating model:** Generate patient-centric scenarios to demonstrate target state use cases that align with the goals of the 2 selected DSRIP projects **(2.a.i & 3.a.i)**
- **Identification of system requirements:** Assist PPSs to extract detailed system requirements needed to comply with DSRIP project requirements and enable an integrated delivery system

SCOPE

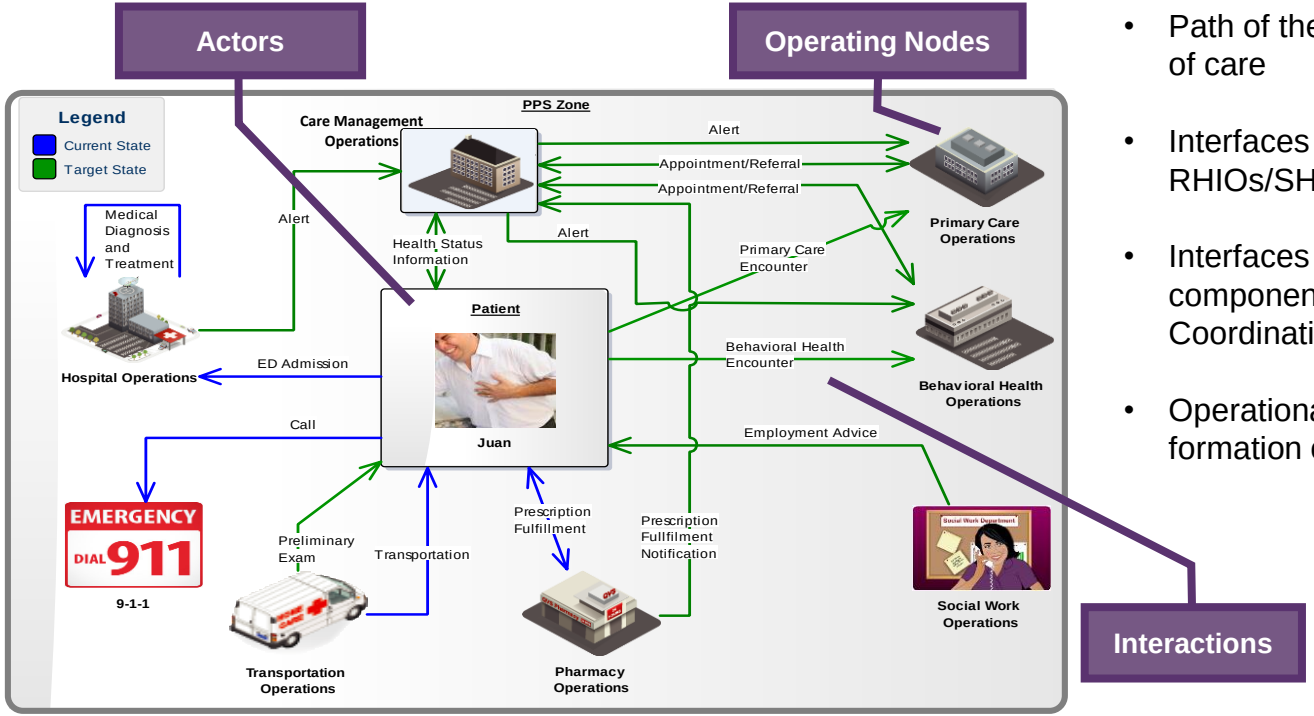
- **Focus on 2 foundational DSRIP Projects:** Projects 2.a.i and 3.a.i were specifically selected for elaboration because they provide the building blocks needed to enable the majority of additional DSRIP Projects
- **Development of comprehensive scenarios:** Leveraging a detailed capability model allows us to craft a select number of patient-centric scenarios that will provide wide-ranging coverage of required capabilities needed in an IDS target state
- **Validation with a variety of PPSs:** An agile development method will be used to incorporate feedback from multiple PPSs that were selected based on the complexity and diversity of their target state

APPROACH

- **Conduct pilot design sessions:** A series of design workshops will be conducted with 6 pilot PPSs to review each scenario and complimentary models and requirements
- **Generate DSRIP specific IT TOM:** Each pilot PPS will be provide feedback on needed capabilities, requirements and other design elements to create an IDS target operating model
- **Share observations and findings:** Throughout the project we will share results with the DSRIP community, and upon conclusion produce deliverables that can be used by all PPSs

Scenario Base Methodology used to develop Target Operating Models:

New technology requirements need to be defined that align to key stakeholder needs including the new interactions and functions they will have to perform. Scenarios allow us to design model that emphasize:

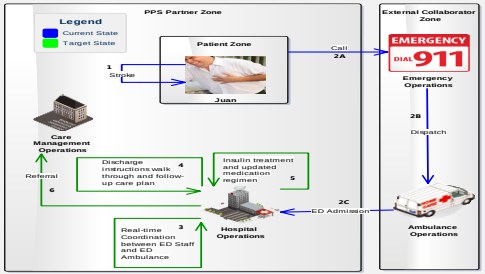


- Path of the patient through various stations of care
- Interfaces between PPS systems and RHIOs/SHIN-NY
- Interfaces between various system components, such as HIEs and Care Coordination systems
- Operational requirements to support the formation of an integrated delivery system

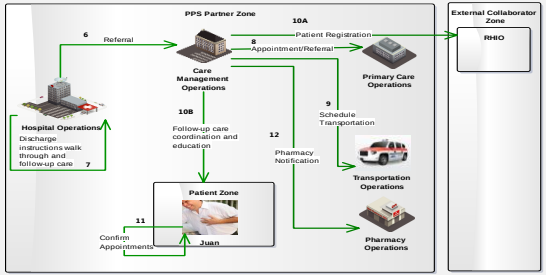
Illustrative Models for Example Scenario:

TARGET STATE OPERATING MODEL (Illustrative)

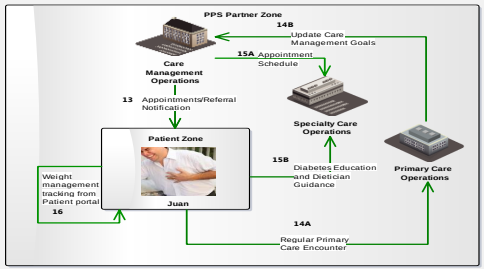
ACCESS



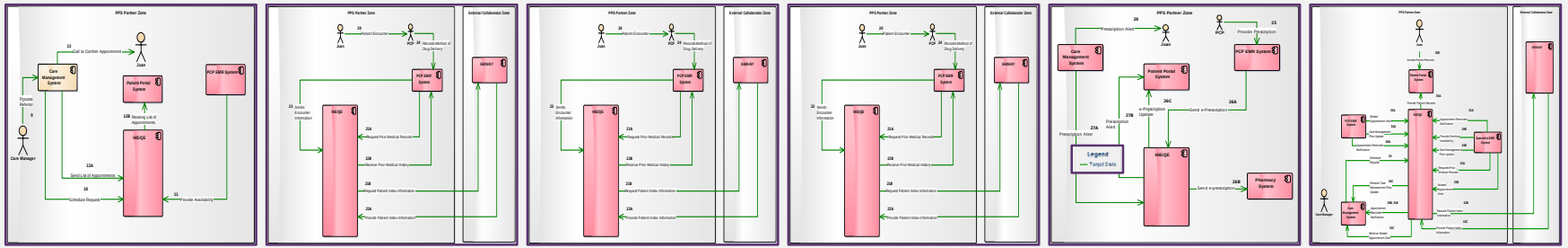
CARE COORDINATION



PREVENTION



SYSTEM LEVEL OPERATING MODEL (Illustrative)

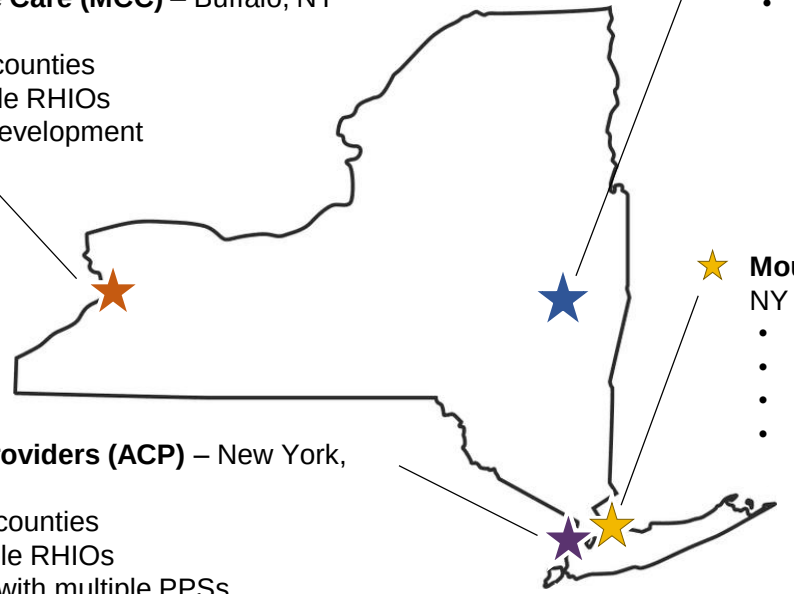


PPSs Participating in Pilot Program:

A wide variety of PPSs have been selected for inclusion in the PPS Pilot Program based on the following criteria

Millennium Collaborative Care (MCC) – Buffalo, NY
- Geographic location
- Coverage of multiple counties
- Interaction with multiple RHIOs
- Varying stages of IT development

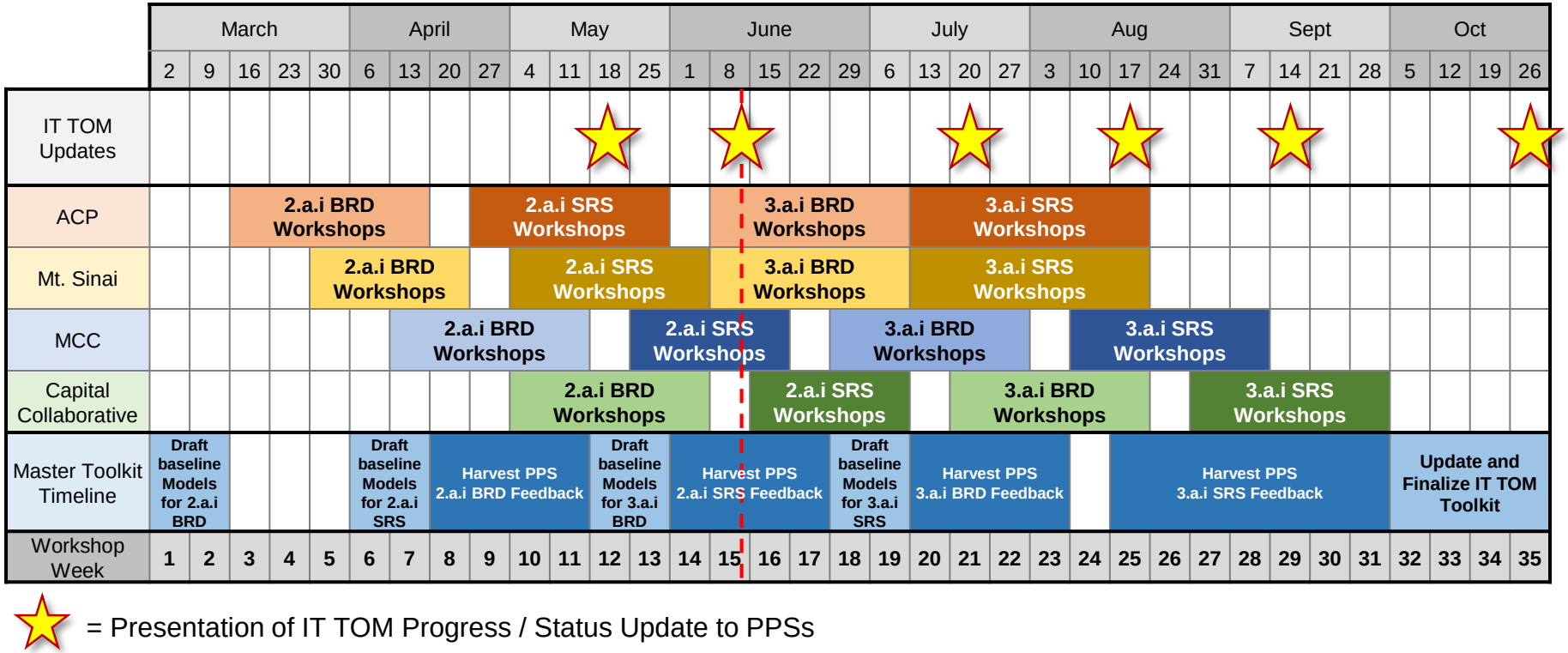
Capital Collaborative (CC) – Albany ,NY
- Collaborative example
- Partners that interact with multiple PPSs
  - Adirondack Health Institute (AHI)
  - Albany Medical Center Hospital (AMCH)
  - Alliance for Better Health Care (AFBHC)



Mount Sinai Health System (MSPPS) – New York, NY
- Geographic location
- Coverage of multiple counties
- Interaction with multiple RHIOs
- Partners that interact with multiple PPSs

Advocate Community Providers (ACP) – New York, NY
- Coverage of multiple counties
- Interaction with multiple RHIOs
- Partners that interact with multiple PPSs
- Diversity of target state model

High-Level timeline for IT TOM Project:



= Presentation of IT TOM Progress / Status Update to PPSs

After TOM: Follow-up with Partner Groups

A key follow up will be to apply the overall target state to the needs of various partners across different DSRIP projects

PPS Level Target State

IT TOM Business Requirements Definitions (BRD)

IT TOM System Requirements Specifications (SRS)

Current IT TOM Project (Phase I)

Custom Target State: IT Design by Partner Grouping and DSRIP Project

TO M 1

TO M 2

TO M N

Partner Group* 1

Partner Group 2

. . .

Partner Group N

Next Steps (Phase II)

*Partners are grouped by IT commonality determined by DSRIP project participation and required IT lift

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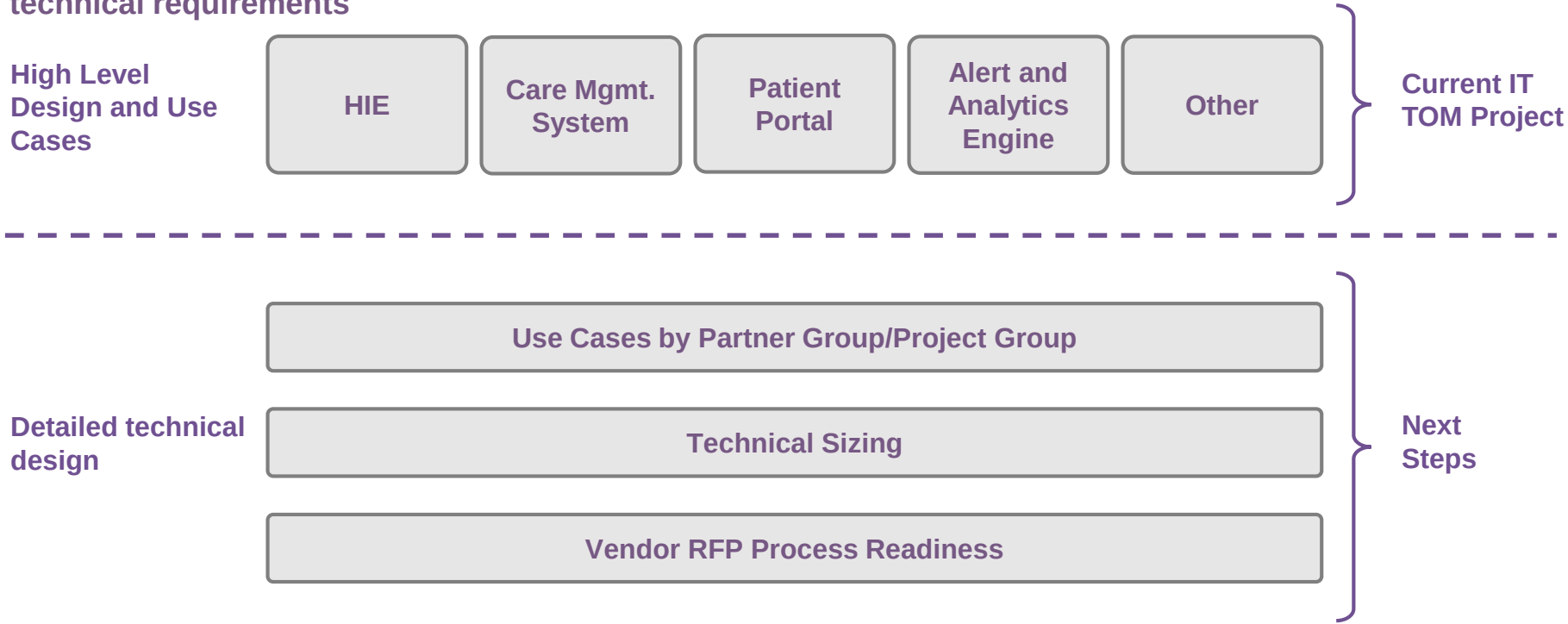
After TOM: Detail Design of System Components

Another step to take will be to "zoom-in" with regards to key IDS components to provide detailed technical requirements



PPS IT TOM Experience: Kash Patel

Senior Director of Analytics and Innovation, Mount Sinai PPS

Benefits to the PPS	• Form a target state to use against future work • Come together as a multi-disciplinary group to achieve future state consensus • Accelerate necessary operational and technical design processes
Next Steps	• Derive design models per the need of each partner group • Derive design models per the need of each project • Zoom in on critical areas such as HIE and patient portal

The IT TOM Project is not by itself the “end-all and be-all”

Other areas of focus beyond the IT TOM project include:

- Workflow Impact Analysis
- Workforce Planning and Sizing
- Financial and Fund Flow Analysis
- Legal Considerations
- Policies and Procedures Updates
- Partner Integration Strategies
- Business Continuity Planning
- Clinical and Data Governance
- Training and Education
- Helpdesk and Support
- Change Management

Contact:

Greg Allen – Director, Division of Program Development & Management
Office of Health Insurance Programs

Email: gregory.allen@health.ny.gov

Todd Ellis – Partner Lead, DOH IT TOM DST

Email: tdellis@kpmg.com

APD Update

- RFP
- APCD STUDY
- Regulations

Chris Nemeth, Director
All Payer Database Development Bureau
Office of Quality and Patient Safety

APD RFP Update

An amendment process has been undertaken; this will extend the original procurement process as shown below

Tentative Timeline

RFP Release/Amendment Dates	April 7, 2015 / June Amendment
Amendment Questions Due	July 13 at 4:00 PM ET
Response to Written Questions Due	July 31 (On or about)
Letter of Intent to Bid (Optional)	May 22
Proposals Due (Not later than)	August 31 by 4:00 PM ET
Contract Start Date (Anticipated)	Late December

Health Foundation/APCD Study Update

- The study is on track to be delivered by August
- Most stakeholder interviews have been completed
- Synthesis of study findings is currently underway
- Findings can and will be used to help shape many facets of forthcoming APD Regulations and Policy Documents
- Webinar to be scheduled in late summer for this Workgroup

Health Foundation/APCD Study

The APCD Council completed stakeholder interviews with:

- Consumers
- Researchers
- Employers
- Providers
- Payers
- RHIOs
- State APCDs

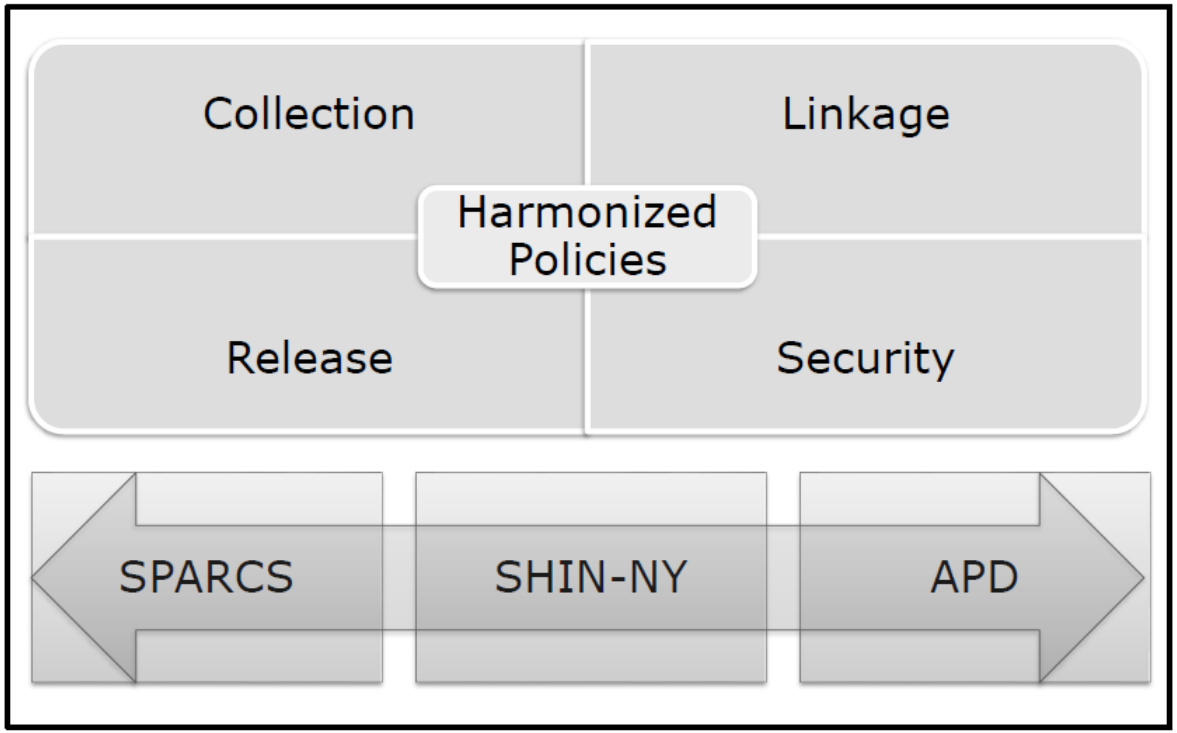
Health Foundation/APCD Stakeholder Talks

Discussion Domains:

Consumer Transparency Continuum	Charges, Cost & Price	Provider Value Equation	Use Cases
Researchers	Consumer Transparency Websites	Governance	Privacy
Data Release	Data Fees	Data Quality	State Lessons Learned

Health Foundation/APCD Study

Recommended Goal: Long Term Policy Development and Standardization



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Regulatory Process Update

NYSDOH Regulatory Advisory Committee Meeting

- The APD Concept Paper was presented to the Committee on 5/20
  - Positive feedback was received from Committee members

Revised Draft Regulations to be Shared with HIT Workgroup for September Meeting

- Overall framework and reasoning behind draft will be presented on 9/18
  - Written commentary and input from Workgroup to be collected through month's end with opportunity for phone follow up along the way

Public Health and Health Planning Council (PHHPC)

- State Administrative Procedure Act (SAPA) rules require the APD regulatory specifics and intent to be heard before the Public Health and Health Planning Council (PHHPC)

Regulatory Process Update

Regulatory Environment: News on Gobeille v. Liberty Mutual

- 2nd Circuit Court *ruling stands, as US Solicitor General advises SCOTUS *against* review of Vermont's case

*(decision disallowed claims reporting mandate sought by Vermont for self-insured plans)

Transparency Discussion

Mary Beth Conroy, Director
Division of Information and Statistics
Office of Quality and Patient Safety

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Transparency Roundtable

- A small group of internal and external stakeholders gathered on April 24 in NYC at request of the Commissioner of Health to define, coordinate and collaborate on transparency goals.
  - National and State Efforts
  - Hospital Perspective
  - Consumer Perspective

Why Transparency is Important

- Consumers need better access to information to be active partners in medical decision-making.
- When cost and quality information is reported side by side in an easy-to-interpret format, more consumers make high-value choices.
- Businesses and other purchasers need better information on provider and plan cost and quality to make contracting decisions and to ensure a healthy workforce.

"*As Americans have been called on to pay more for essential and non-essential services, the evidence has shown that they spend less on both.*"

"*There's strong evidence that small price differentials matter—even a $1 difference in a drug co-pay can lead to behavior change.*"

Mark Fendrick, M.D., Director of the University of Michigan Center for Value-Based Insurance Design.

Definitions: *Charge, Cost and Price*

CHARGE. The amount a provider sets for services rendered before negotiating any discounts.

The list price.

COST. What expenses were incurred by the physician/facility to provide the service.

PRICE. The total amount a provider expects to be paid for the service.

Federal Efforts

- The Affordable Care Act requires hospitals to publish and annually update a list of standard charges for their services.

- Three bills have been introduced in Congress to promote price transparency, including H.R. 4700: Transparency in All Health Care Pricing Act of 2010, which would require physicians, pharmacies, and insurers to publicly disclose the prices of the services and products they provide.

- In March 2015, AHRQ published a Technical Brief "**Public Reporting of Cost Measures in Health**".

State Level Transparency Efforts

A recent national environmental scan on public cost reporting, found these states currently make cost measures available to consumers.

Arizona
New Jersey Hospital Association
California
New York State Department of Health
Colorado
North Carolina Hospital Association
Florida
North Dakota Department of Health
Illinois Department of Public Health
Indiana
Ohio Department of Health
Iowa Hospital Association
Oregon Association of Hospitals and Health Systems
Kentucky Hospital Association
Pennsylvania Health Care Cost Containment Council
Louisiana Hospital Association
South Dakota Association of Healthcare Organizations
Maine
Tennessee Hospital Association
Massachusetts
Texas Hospital Association
Michigan Health and Hospital Association
Utah Department of Health
Minnesota Hospital Association
Virginia Hospital and Healthcare Association
Montana Hospital Association
Washington State Hospital Association
Nebraska Hospital Association
West Virginia Health Care Authority
Nevada Hospital Association
Wisconsin Hospital Association
New Hampshire
Wyoming Hospital Association

Legislators in more than 30 states have proposed or are pursuing legislation to promote price transparency, with most efforts focused on publishing average or median prices for hospitals.

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The Current Landscape in NYS

- FAIR Health -- Consumer Cost Look Up
- OpenData NY/ Health Data NY / NYS Health Profiles
- Insurers have been working to make data more accessible and understandable to consumers. NYSDOH will be conducting Consumer Focus Groups.
- Private firms are entering the price transparency market as well. Castlight and Change Healthcare, are using proprietary software to analyze claims data to estimate the costs of common medical procedures.
- The Healthcare Blue Book publishes what it determines to be a "fair price" for various medical services, based on a review of claims data as well as consumer-submitted reports. Employers and insurance companies can pay for access to a version that lists in-network providers ranked by value

Department of Financial Services Efforts

- **Premium Rate Applications**.
  NY among first states to post all premium rate applications on web. Gives consumers detailed information on premium rate increases. Allows more informed public comment on proposed rate increases.

- **Value-Based Payment Scorecard**.
  DFS, with Catalyst for Payment Reform (CPR) and NYS Health Foundation, developed a scorecard to track insurers' progress in moving away from fee-for-service contracting.

Price Point

- *PricePOINT* was created in 2005 by the Wisconsin Hospital Association.
- Basic demographic, quality and charge information on hospitals.
- Includes statistics for hospitals compared to all hospitals in the county, hospitals with similar patient care, and all hospitals in the State.
- Statistics include number of discharges, average LOS, average charge, average charge per day, median charge.

The 11 States using *PricePOINT* include the following:

- Wisconsin: http://www.wipricepoint.org/
- Montana: http://www.montanapricepoint.org/
- Oregon: http://www.orpricepoint.org/
- Nebraska: http://nhacarecompare.com/
- Nevada: http://www.nvpricepoint.net/
- Texas: http://www.txpricepoint.org/
- South Dakota: http://www.sdpricepoint.org/
- Utah: http://utpricepoint.org/
- Virginia: http://www.vapricepoint.org/about.aspx
- Washington State: http://www.wahospitalpricing.org/
- Wyoming: http://wyopricepoint.com/

Other Common Themes at the Roundtable

- Providers incurring costs of treatment for uninsured and how that is reflected in price;
- Bundling, Value Based Purchasing and price transparency;
- Transparency as an engine for quality improvement;
- Consumer perspective on what is important.

Consumer Focus Groups

- A competitive procurement was conducted to solicit a vendor to conduct a series of statewide consumer focus groups on price transparency. These focus groups will be asked to provide guidance on consumer preferences regarding information on the volume, cost and quality of health care services. 8 focus groups will be conducted July through September; 4 in NYC, 2 in Albany and 2 in Buffalo
- Consumers will be 21 to 64 years of age who are employer insured with a deductible of $1,000 or more, or individuals who bear large out of pocket medical expenses for services not covered by existing insurance.
- The contractor will produce a report on the size and composition of the focus groups; metrics used to benchmark understanding of the discussed topics; and a summary of findings and recommendations.

Discussion and Next Steps

Patrick Roohan
Director
Office of Quality and Patient Safety

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