



Connecticut HIT Update NE HIMSS

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HIT – SIM Driver Enablement

- **Promote payment models that reward improved quality, care experience, health equity and lower cost:**
 - Objective: eCQM's and health equity quality measures to payers' value-based payment scorecards
 - Desired outcome: achieve multi-payer quality measure alignment, health equity, and reduced provider burden



HIT – SIM Driver Enablement

- **Strengthen capabilities of Advanced Networks and FHQCs to deliver higher quality, better coordinated, community integrated and more efficient care:**
 - Objective: Enable providers to see data across the care continuum, provide KPI's and incentive indicators to monitor progress
 - Desired outcome: Enable providers to better coordinate care, address health disparities, connect with community services, manage gaps in care, track their quality and cost improvements, and expand their care teams

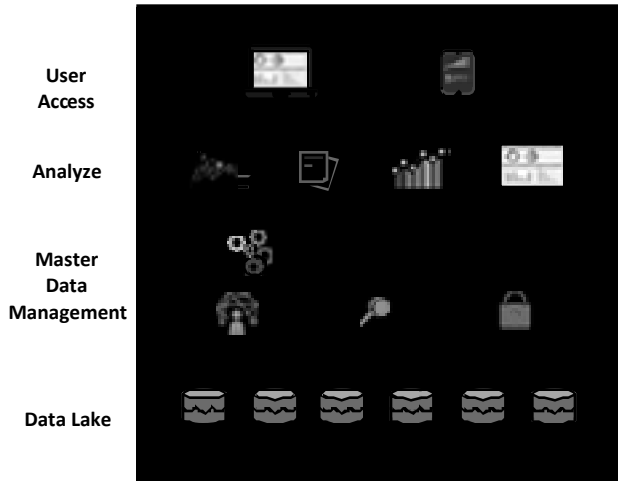


HIT – SIM Driver Enablement

- **Promote policy, systems, & environmental changes, while addressing socioeconomic factors that impact health:**
 - Objective: Support healthcare-to-community referrals, enable shared care coordination platforms, standardize consent and data sharing processes and capture social determinants to support risk stratification
 - Desired outcome: Enable Community Based Organizations (CBO's) to health outcomes and engage in preventative practices

Core Data and Analytic Solution – Foundation for Health Analytics

CDAS Componentry



Design Approach

- ❑ **Solving for eCQMs while anticipating the future:**
 - Potential to integrate claims, health equity data, etc.
- ❑ **Using “open” architecture:**
 - Open Source tools enables flexibility, reduces costs, and avoids vendor “lock-in”
- ❑ **“Agile” iterative process delivers “minimum viable products” repeatedly:**
 - Short time to deliver value
 - Pivoting around changing priorities is a central and expected concept

Intersection of CDAS and Health Data Sharing

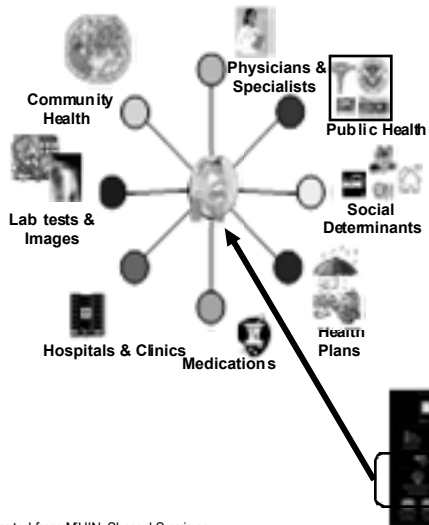
Shared Identity Management

- ❑ **One source of truth for identity:**
 - Common care map for all data sharing and data analytic needs:
 - Patients, care givers, relationships, events
- ❑ **Consent is “like breathing air”:**
 - Consent models are embedded with patient’s demographics and relationships
- ❑ **Security classification attached to data objects:**
 - All data elements assigned classifications
 - Access control enabled by the union of roles and consent
 - Masking applied by data element when needed
- ❑ **Extensible to become authentication authority:**
 - Emerging as a potential value-add service to support authentication in a distributed data exchange environment

Care Continuum and Consent Map (CCCM) implemented via Master Data Management (MDM – technical mechanism)



Care and Consent Mapping – The Key Data Sharing Need



Adapted from MHIN Shared Services

Mapping the Continuum of Care and Consent

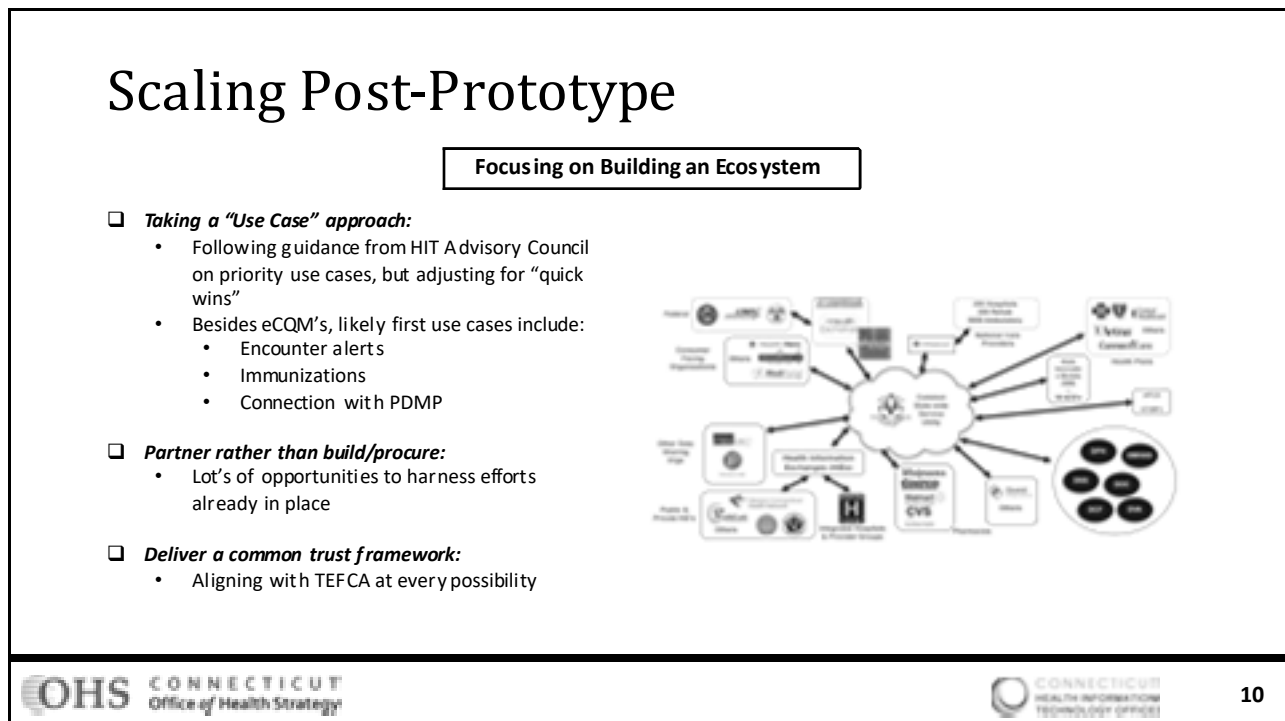
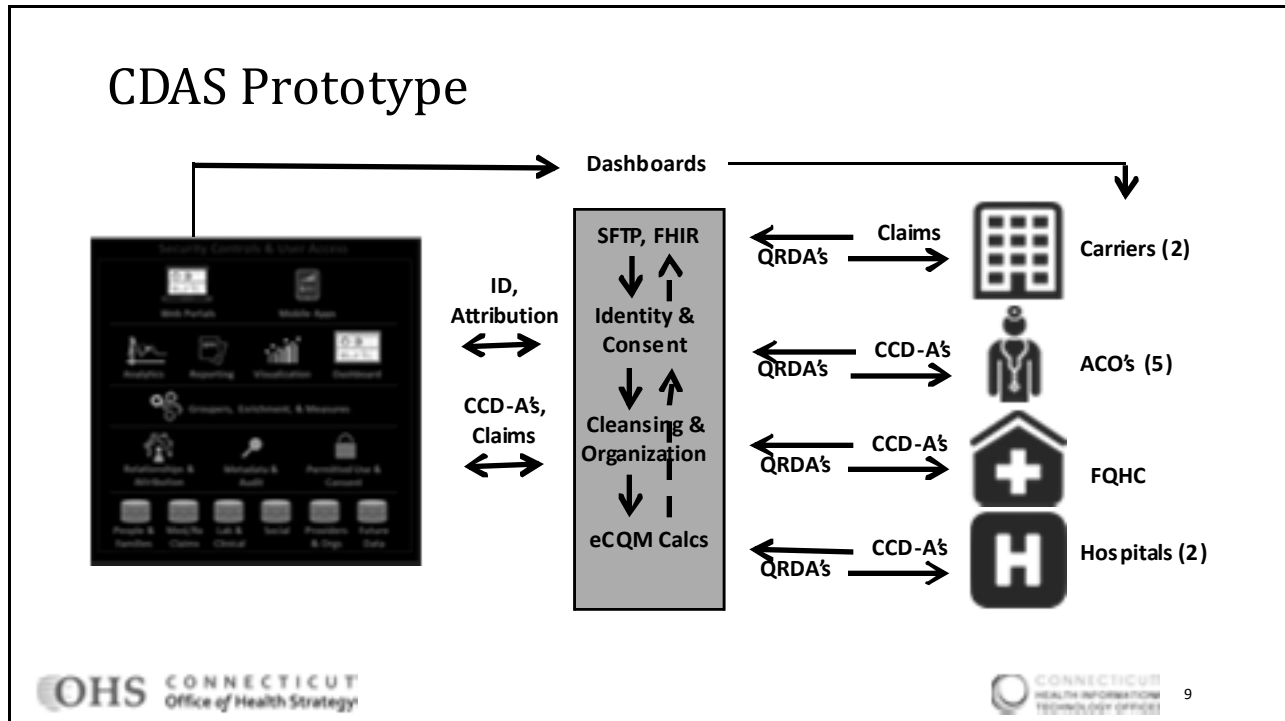
- ❑ *The primary focus for our utility will be a 360° view of patient care:*
 - Provides a universal view of care
- ❑ *Objective is a rapid picture of care:*
 - Identifies care-giver, care-receiver, when, where, what, why
 - Facilitates queries, subscriptions
- ❑ *Social determinants can also be linked to the care map as ratings:*
 - Designed so that demographic facts such as race or language are associated directly with the care map

Care Continuum
and Consent
Map =
Situational
Awareness

Moving from Concept to Execution

Collaborating with the Office of the State Comptroller to Prototype CDAS

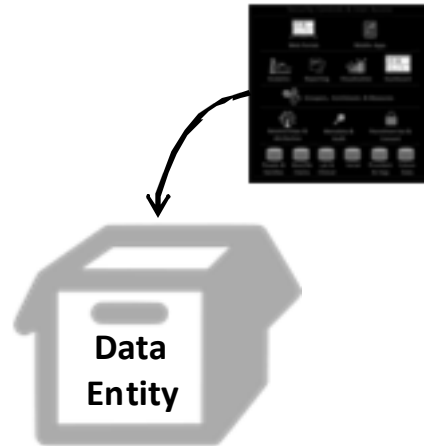
- Collecting raw clinical and claims data to support extending to the State's Health Enhancement Plan (HEP) for state and municipal employees
- Measure quality outcomes through the clinical stratification of members' data (claims and clinical) to understand the health status complexity
- Enhance data analytics to enable the ability to measure person-centric (members) health outcomes and better gauge the overall effectiveness of HEP
- Building the Care Continuum and Consent Map to enable statewide data sharing
- Establishing a "network of networks" model for data sharing statewide



“Neutral and Trusted Entity” – Key to Buy-in

Establishing a Delivery Vehicle

- ❑ **Statewide stakeholder engagement identified the need for trust:**
 - Two characteristics needed to overcome execution skepticism:
 - “Neutral” – no participant in the services is advantaged over any other
 - “Trusted” – the services are overseen by representatives reflective of the participants
- ❑ **Incorporating a non-governmental entity to ensure stakeholder governance:**
 - Non-profit
 - Will operate the CDAS and data sharing as a shared services utility for the benefit of all



Adapted from MHIN Shared Services

HIT Status

eCQM Prototype

- ❑ **CDAS infrastructure available for testing Oct 12**
- ❑ **Prototyping participants identified:**
 - “Wave 1” includes FQHC, general hospital, specialty hospital, ACO, insurance carriers
 - Target to begin Oct 15-31
 - “Wave 2” includes four ACO’s
 - Target to begin Dec 6-20

Health Data Sharing Status

- ❑ **Federal match funding approved Sep 5 (\$12.2M)**
- ❑ **Rapidly developing deployment plan:**
 - Deployment planning in flight
 - “Agile” process anticipates pivoting a round availability of partnerships
 - Targeting commencing Jan 2019 rollout
- ❑ **Establishing nonprofit entity to house utility services (target Nov 2018)**
- ❑ **Developing common trust framework:**
 - Target Mar 2019 deployment
 - Using common DUA structure in the meantime

Contacts

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Health IT Office Website:

<https://portal.ct.gov/OHS/Services/Health-Information-Technology>