

Health IT Plan Outline

I. Executive Summary

- a) Purpose of HIT plan
 - Description of HIT's role in promoting value-based purchasing
- b) Description of objectives for HIT
 - Population health analytics
 - Claims/clinical analytics
 - Clinical decision support
 - Point of care support/shared decision making
 - Transparency
- c) Description of how objectives will achieve the triple aim through value-based purchasing, care coordination, etc.
- d) Conceptual diagram
- e) Primary drivers to achieve HIT objective
 - Health Information Network (HIN)
 - Value-based analytics (VBA)
- f) How the plan is organized
 - Current environment
 - Governance supporting HIN and VBA
 - Policies to support HIN and VBA
 - Infrastructure to support HIN and VBA
 - Funding
 - Critical success factors
 - EHR utilization
 - HIE
 - Multi-payer participation
 - Trust

II. Current Environment of HIT Critical Success Factors

- a) Definition and importance of Critical Success Factors
- b) EHR
 - Adoption
 - Utilization
 - Existing policies
- c) HIE
 - Adoption
 - Utilization
 - Existing policies and governance
- d) Payer Participation
 - How they use HIT
 - How they share information
 - Current Multi-payer participation (e.g. Comprehensive Primary Care Initiative)
- e) Trust

III. Governance

- a) Role and purpose of governance

- b) Scope of governance
 - HIN
 - VBA
- c) Description of hierarchy, structure, authority (who funds, owns, operates)
- d) Roles, capacities, competencies of governing entities and individuals

IV. Policy

- a) Role and purpose of policies
- b) Scope of policies
 - Policies to support HIN
 - What other states have done
 - Available levers
 - Policies to support VBA
 - What other states have done
 - Available levers
 - Policies to create governance
 - What other states have done
 - Available levers
 - Policies to help us govern
 - What other states have done
 - Available levers
- c) Processes and procedures for creating policy and accountability

V. Infrastructure

- a) Role and purpose of infrastructure
- b) How infrastructure will support HIN and VBA
 - Technical Infrastructure
 - Reporting capabilities
 - Telehealth
 - Fraud/abuse prevention
 - Data sources
 - Technical assistance to providers

VI. Funding

- a) Start-up costs
- b) Ongoing operations and sustainability
- c) Funding or revenue sources
 - Federal funding
 - State funding
 - Private funding

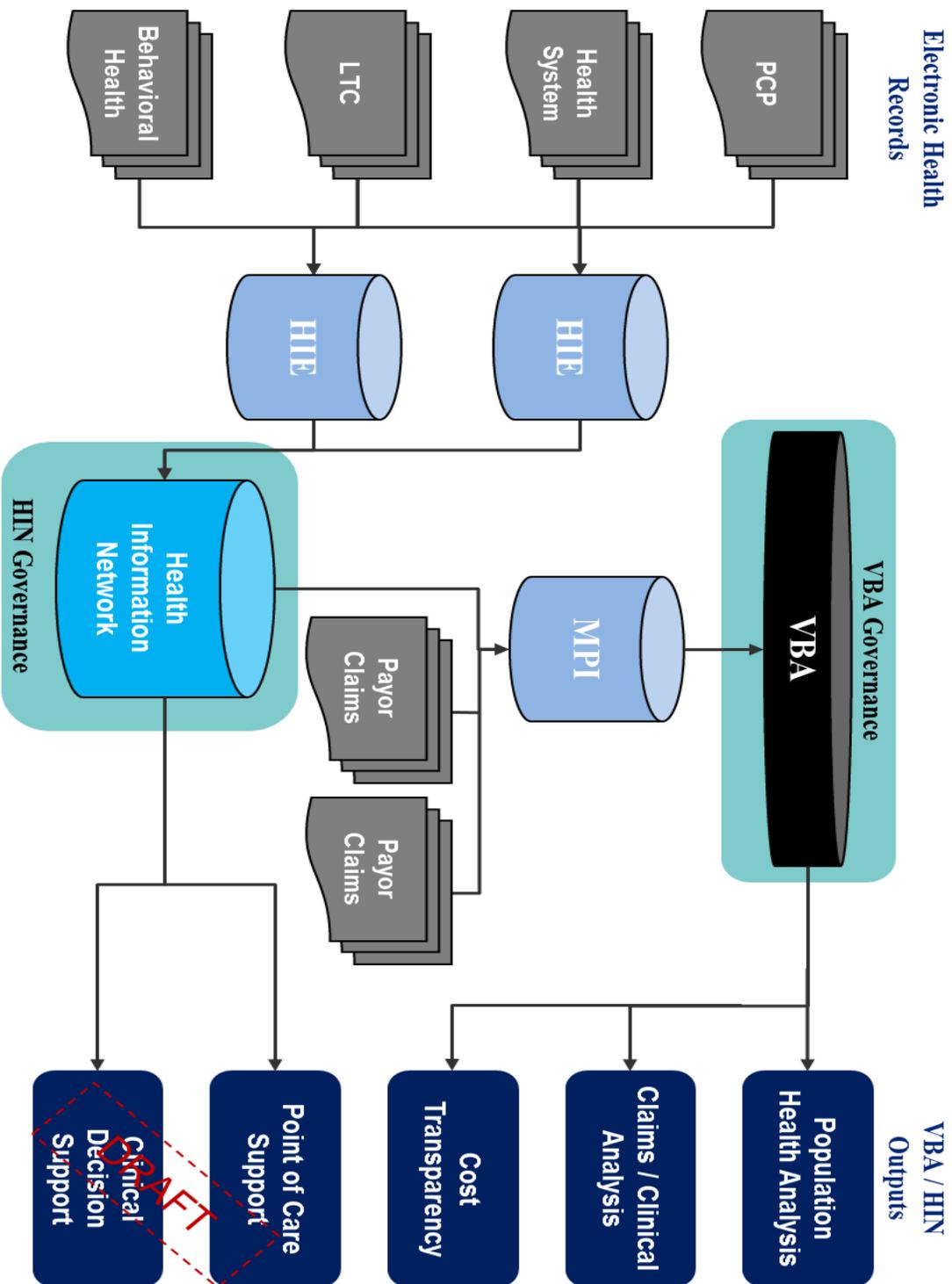
VII. Strategies to Address Critical Success Factors

- d) Importance
- e) Strategies
 - EHR utilization
 - Adoption
 - Utilization

- Policy proposals
- HIE
 - Adoption
 - Utilization
 - Policy proposals
- Multi-payer participation
 - How to increase involvement
- Trust

VIII. Conclusion

Framework for Interoperability



Definitions

Interoperability: A system capability to send and receive information to and from other disparate systems.

Point of Care Support: Exchanging information among clinical locations for use within the patient visit. The content of the transmitted data must include basic demographic information for patient matching and relevant clinical information for physician use.

Clinical Decision Support: Provides clinicians, staff, patients, or other individuals with knowledge and person-specific information to enhance health and health care. This reporting typically takes two forms: 1) “within-visit” analysis of full patient record to identify risk factors/trends and preventive treatment2) Patient-level analytics independent of a single patient visit to assist with patient management and education.

Claims/Clinical Analytics: Using data from clinical notes and insurance claims to evaluate care, cost, and quality.

Population Health Management: The analysis of multiple kinds and sources of health information to identify and measure the population’s health. This allows for more targeted intervention and understanding of disease and health burden.

Health Information Network: A structure that enables health information exchange to and from a variety of sources including HIEs, EHRs, etc.

Value Based Analytics: A tool that allows for de-identified claims and clinical data to be utilized to look at relationships between cost and health outcomes.

Shared Decision Making: A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences.

Transparency: Enabling performance and price information to be publicly available.