Health Information Infrastructure Plan

May 12, 2017

Overview

- Goals
  - Overview of reforms called for by Senate Bill 74.
  - Address the need to develop new opportunities for improvement

- Introduction of Team

Vision for Medicaid Redesign

The Alaska Medicaid Program improves health and pays for value.

Medicaid Enrollees Access Appropriate Level of Care

PRINCIPLES + VALUES

- ✓ Collaborate for whole person, high quality integrated care
- ✓ Focus on health promotion, prevention, maintenance and recovery
- ✓ Coordinate care across providers and integrate across service types
- ✓ Meet the needs of various life stages
- ✓ Ensure culturally and community appropriate services
- ✓ Reduce administrative burden
- ✓ Increase patient and provider satisfaction
- ✓ Increase access to services with telehealth
- ✓ Provide services in the most appropriate setting
- ✓ Reduce gaps in care
- ✓ Engage enrollees to improve health and social conditions
- ✓ Share responsibility among participants, providers and payers
- ✓ Connect providers and payers through health information infrastructure
- ✓ Use data analytics to drive effective, high-value care
- ✓ Leverage federal dollars

A SYSTEM OF WHOLE PERSON, HIGH VALUE CARE

Tools for High Value Care
Value-based Payments and Incentives | Care Management
Data Analytics and Health Information Technology

Coordinate across levels of care

- Emergency Services
- Hospital
- Inpatient Psychiatric + Residential Treatment
- Nursing Facility
- Specialty Care
- Severe + Complex Behavioral Health
- Home and Community Based Services
- Primary + Preventive Care
- Mild to Moderate Behavioral Health
- Social Supports

Coordinate among sectors

Prevention + Community Health

Social Determinants of Health
Safe Housing, Employment, Education, Life Skills, Physical Environment, Social and Community Connections

OUTCOMES

- IMPROVE HEALTH
- CONTAIN COSTS
- OPTIMIZE ACCESS
- INCREASE VALUE

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Purpose

- Development of the DHSS Health Information Infrastructure Plan to transform the health care system in Alaska by providing:
  - The data required by health care providers for care coordination and quality improvement
  - The information support required by DHSS and health care providers to enable development and implementation of Senate Bill74 – Medicaid Redesign initiatives

- Development of the Health Information Infrastructure Plan includes four stakeholder work group sessions to determine areas of necessary infrastructure improvement and to capture use cases for the implementation

Measures of success of the Plan

- Measurable health infrastructure outcomes based on SB 74
- Alignment of state technology standards and identified critical areas where standards are needed
- Leveraging of existing and emerging technologies with a resultant HIPAA compliant framework
- Implemented a streamlined approach to a complex technology environment
- Methods to measure compliance with the plan developed
- The plan is implemented with a phased and scalable approach

The Triple Aim

- Overall goal of healthcare delivery

- 1. Improve the healthcare experience
  - Patient services; how healthcare organizations facilitate delivery of services
  - 6 dimensions of performance: Safe; Effective; Timely; Efficient, Equitable and Patient Centered

- 2. Improve Population Health
  - Outcomes; disease burdens (chronic); behavioral (smoking) and physiologic factors

- 3. Reduce Costs
  - Measured as Per Member Per Month or ED utilization or cost

Approach

- Series of workgroup discussions, which use a functional approach to delivering services:
- Workgroup 1 – March 6, 2017
  - **FFS Claims and Adjudication** – topics include payment models; DRG, electronic EOBs to recipients; claim processing
  - **Pharmacy** – including PDMP; pharmacy prior authorization, formularies
  - **Program Integrity** – address Fraud and Abuse, and Third party Liability (TPL)
- Workgroup 2 May 12, 2017
  - **Member Enrollment**– including CRM, waivers, Behavioral Health, IHS and Veterans
  - **Provider Management** – including – provider enrollment, provider credentialing, CQM generation, and payment models

Approach (con't)

- Workgroup 3
  - **Care Management** – including case management, medical Prior Authorizations; Telehealth, HIE, and ED utilization reduction
  - **Registries** – Public Health and Behavioral Health
- Workgroup 4
  - **Data Management** – including the Triple Aim, Data Warehouse, data governance/data management strategy, and Technical Management strategy
  - **Interfaces** – existing and gaps

Approach (con't)

- Utilize "AS-IS" and "TO-BE" approach
- **Use Cases** – what do you like? What do you not like? What is your ideas on how things should be?

Follow Up – Document Existing Assets

- Workflows
  - What do users of the system do?
  - How is support currently provided?
  - Is information sharing automatic or manual? What is the system interfaced to?
    - Formats
    - Transport methods
    - Directionality
    - Web Services
    - Load Routines
  - Are there any steps that trigger external processing (automatic or manual)?

Follow Up – Document Existing Assets

- Identify gaps
  - In the given area, are there any *process* changes which are needed?
  - Are there *system* changes which are needed?
  - Are there any known barriers (policy, legal, and/or technical?)

Workgroup 2 - Questions

- **Provider Management** – including provider enrollment, provider credentialing, CQM generation, and payment models

  - Is the provider enrollment and credentialing process effective?
  - Does participating provide support meet your needs?
  - What payment models should be implemented? shared risk; Patient Centered Medical Home; blended capitation (FFS; bonus); global (bundled) payments (groups); FFS linked to quality; advanced payment methods as directed by MACRA
  - Do you think CQMs are a reasonable representation of quality health care services delivery?

Workgroup 2 - Questions

- **Member Enrollment**– including CRM, waivers, Behavioral Health, IHS and Veterans
  - Are stakeholders satisfied with current eligibility and enrollment process, both for MAGI and non-MAGI populations?
  - Are community long-term care services and supports accessible to consumers?
  - Indian Health Service-Is the current level of outreach and enrollment meeting the needs?
  - Are there any known issues with the veteran population?