



**Department
of Health**

Medicaid
Redesign Team

HIT-Enabled Quality Measurement SubTeam

Meeting #3

August 24, 2017

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Office of Quality and Patient Safety

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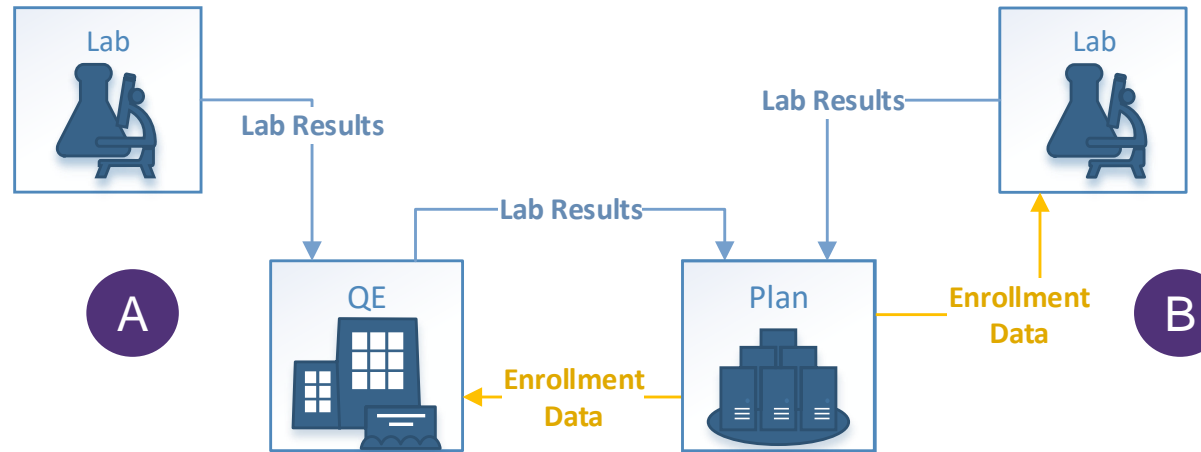
Agenda

Section	Time	Presenter
Introduction	4:00 5 minutes	Jim Kirkwood
Current State Findings and Validation	4:05 30 minutes	Maria Ayoob
Business Needs Findings and Validation	4:35 20 minutes	Maria Ayoob
Wrap-Up	4:55 5 minutes	Jim Kirkwood

Current State Validation

- Goal
 - Present and validate current state of lab results delivery, EHR data delivery and measure delivery
 - Discuss and validate issues and unmet needs
 - Discuss areas where additional investigation is needed
- Assumptions
 - Each entity may be using multiple methods of data exchange
 - Methods are implemented on a limited basis

Current State - Lab Data Delivery



Current State

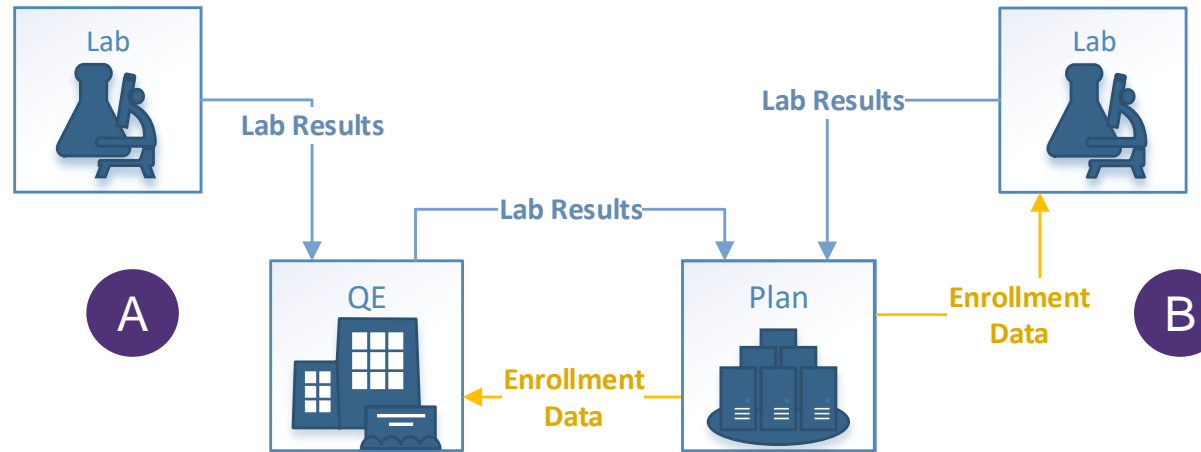
A. QE as Intermediary

- QE aggregates lab data
- Plan provides enrollment file to QE
- QE delivers batch file or individual lab results as alerts

B. Lab Connects to Plan

- Labs connect directly to plan
- Send data in a flat file

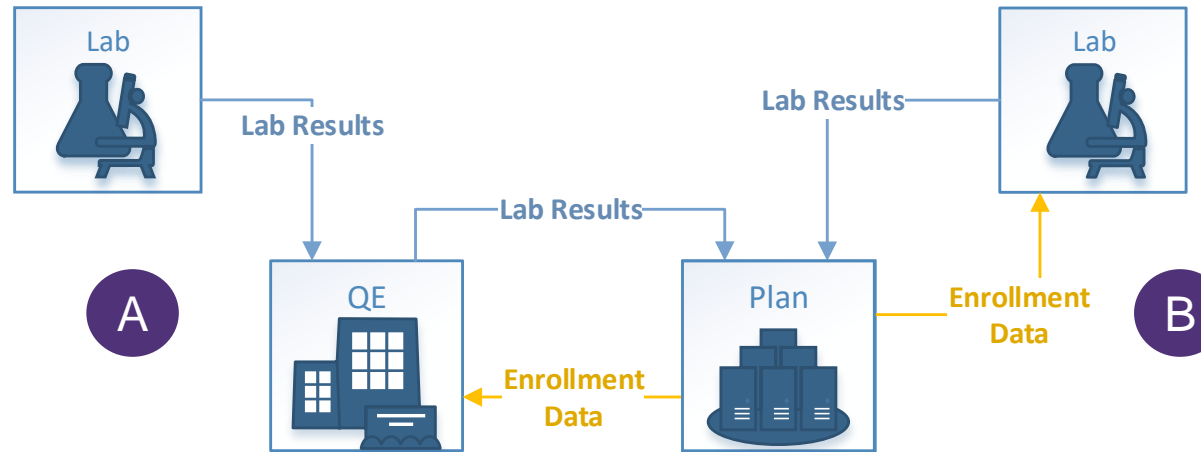
Current State- Lab Data Delivery



Issues and Unmet Needs

- Limited implementations of QE lab delivery
- Requires multiple connections to be developed and managed
- Not all files approved as standard supplemental data
- Data quality issues (i.e. local codes)
- Plans required to pay for data when connecting directly (reported by 1 plan)

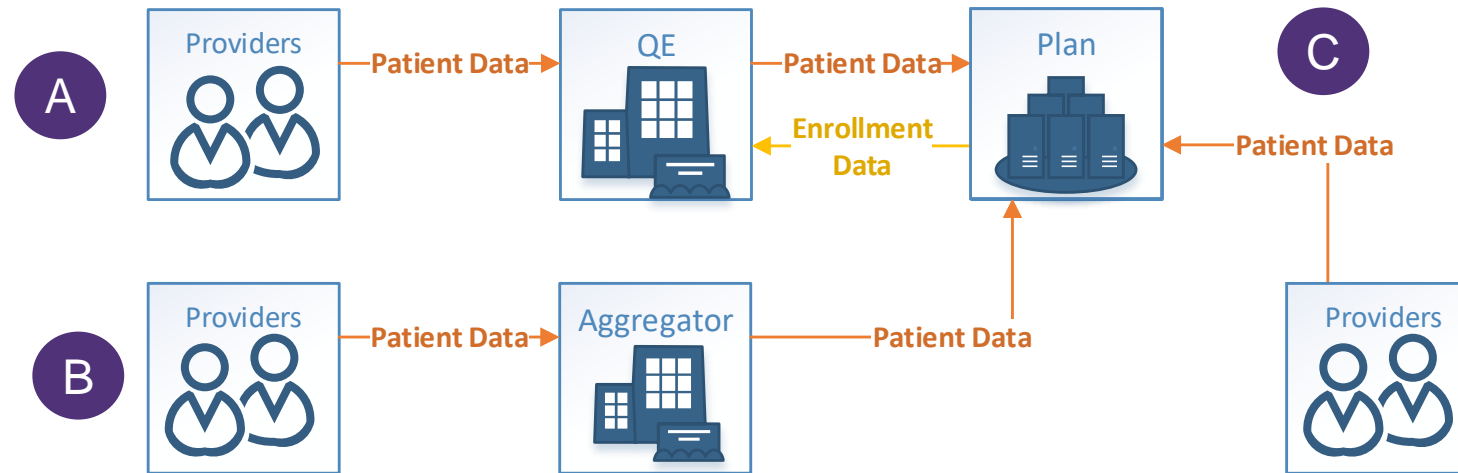
Current State- Lab Data Delivery



Additional Areas to Investigate

- What data format is used/what data format can plans accept? Can plans accept HL7?
- How are plans overcoming data quality issues (i.e. local codes?)
- How many labs are neither connected to plans nor QEs?
- Do any plans have lab data approved as standard supplemental source?
- To what extent are the same labs connected to both QEs and plans?

Current State- EHR Data Delivery



Current State

A. QE as Intermediary

- QE aggregates patient data
- Plan provides enrollment file/list of members missing services to QE
- QE delivers batch file

B. Data Aggregator

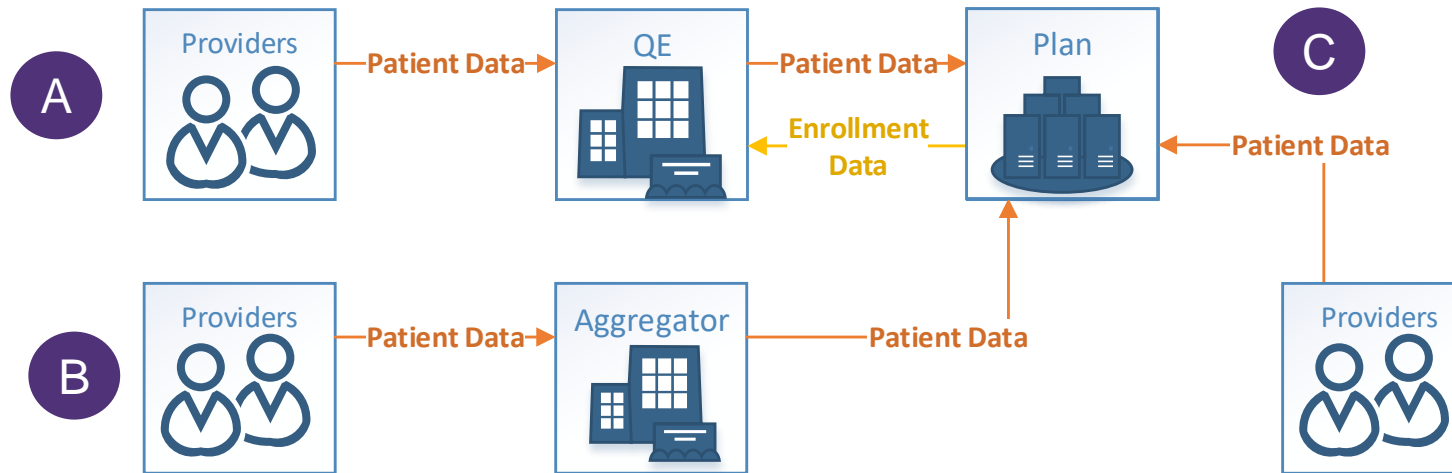
- Aggregator sends data extract to plan

C. Provider EHR Extracts

- Providers submit data extracts directly to plans

Note: QE data delivery to provider organizations not captured here

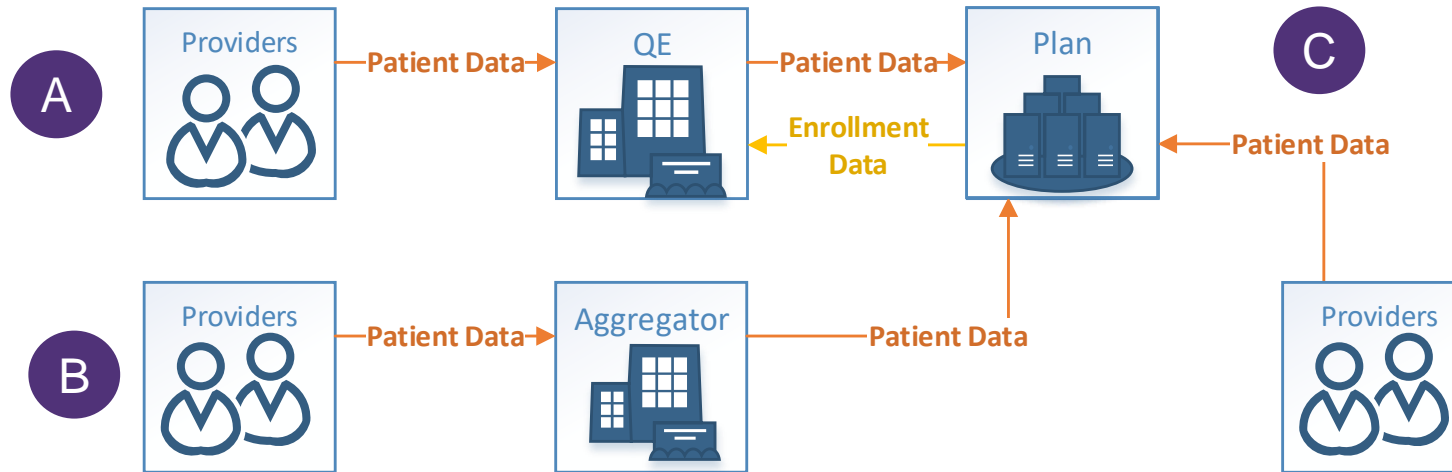
Current State- EHR Data Delivery



Issues and Unmet Needs

- Limited number of plans & QEs have implemented QE delivery (2 QEs piloting, 1 QE live with one plan)
- 3/10 surveyed plans collect EHR/EMR data
- Requires multiple connections to be developed and managed
- Not all files approved as standard supplemental data

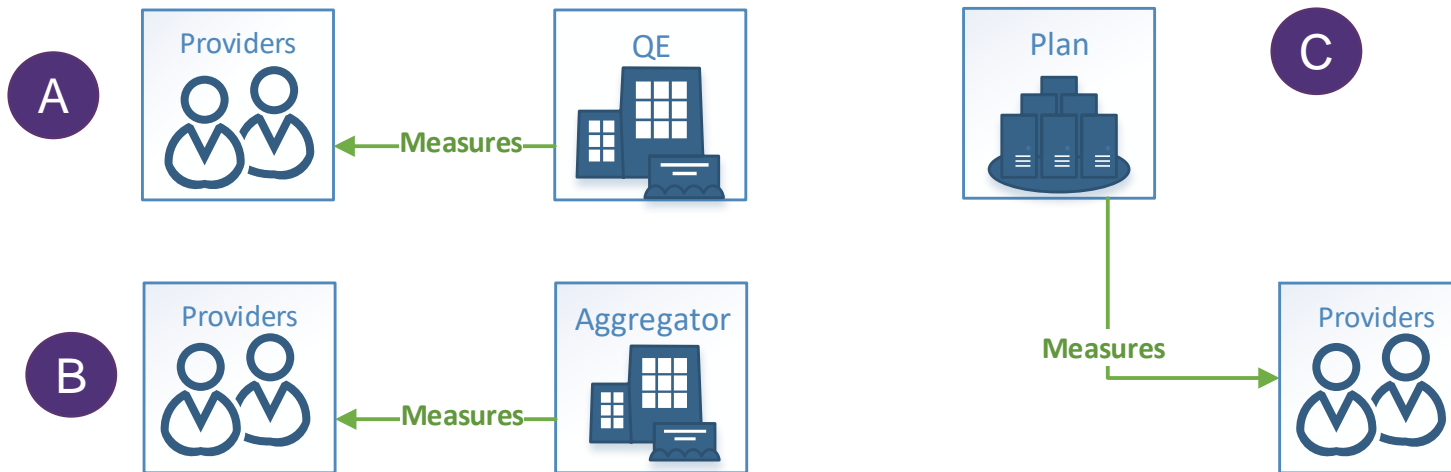
Current State- EHR Data Delivery



Additional Areas to Investigate

- What data format is used/what data format can plans accept? Can plans accept HL7?
- How are plans overcoming data quality issues?
- Are other plans interested in portal lookup?

Current State - Measure Delivery



Current State

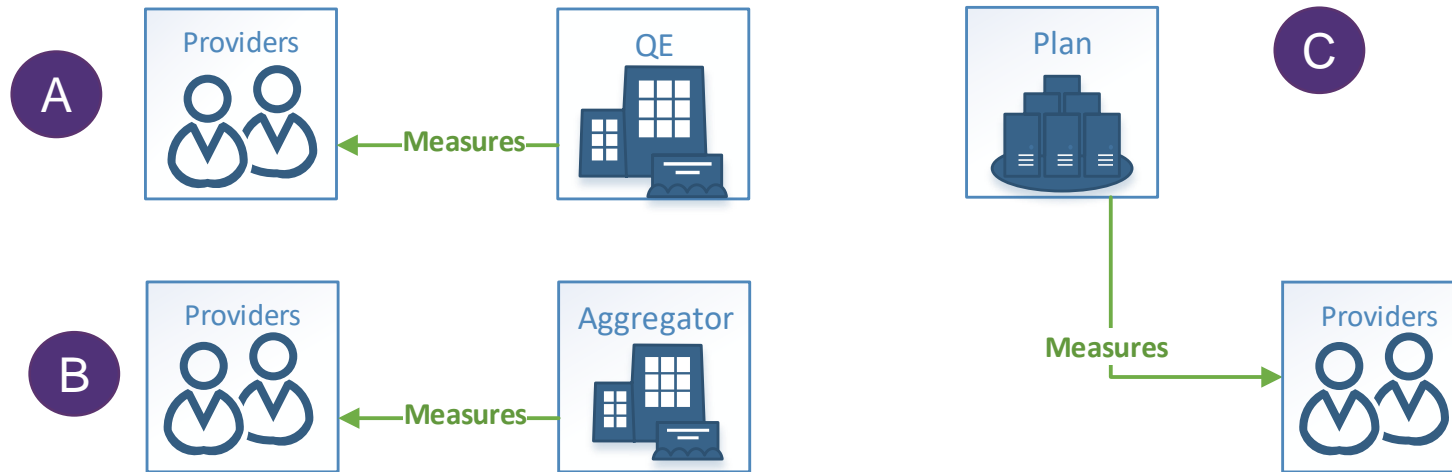
A. QE calculates proxy measures for monitoring based on clinical data (1 QE – 1 PPS; clinical and claims integration for measurement is being tested)

- Plan provides enrollment file to QE
- Specifications modified per data availability

B. Data aggregator produces “HEDIS-like” measures

C. Plans produce measures for providers; per one plan these are administrative measures only. 9/10 plans surveyed can report measures monthly; 3 more frequently

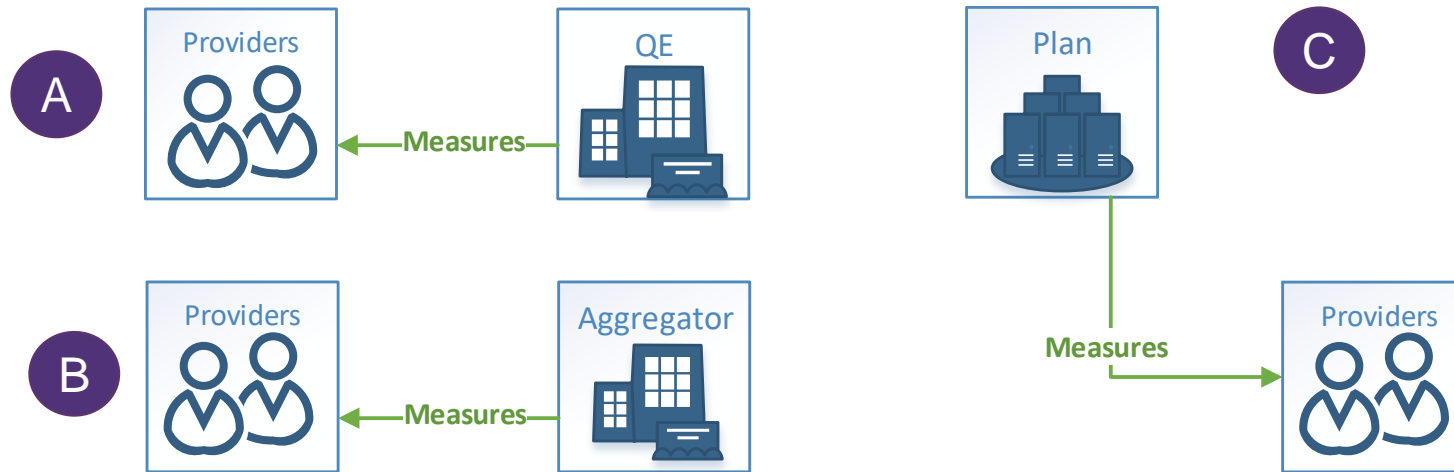
Current State- Measure Delivery



Issues and Unmet Needs

- The combination of clinical and claims data can enhance measurement
- Chart review is costly and makes hybrid measures unfeasible for frequent calculation

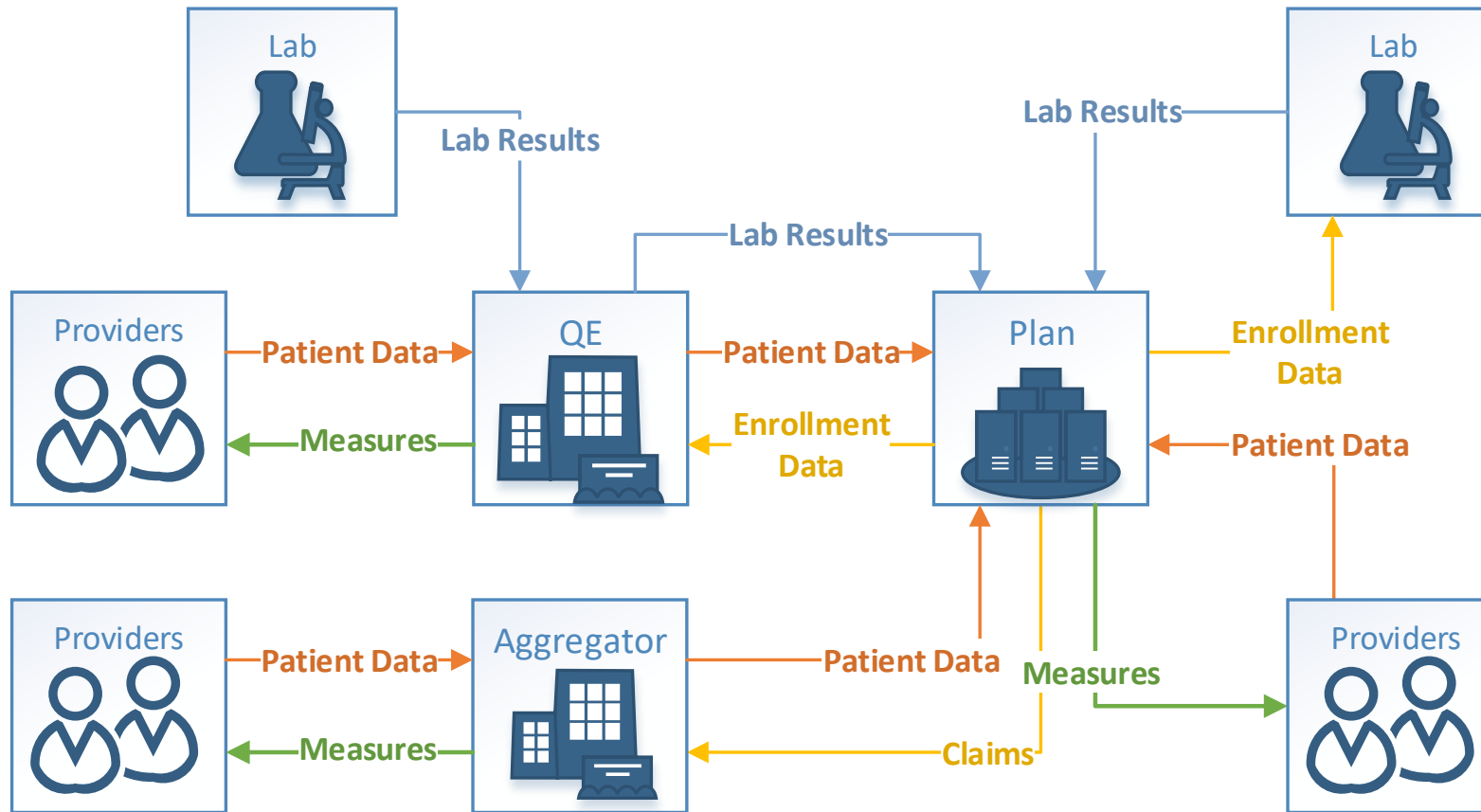
Current State- Measure Delivery



Additional Areas for Investigation

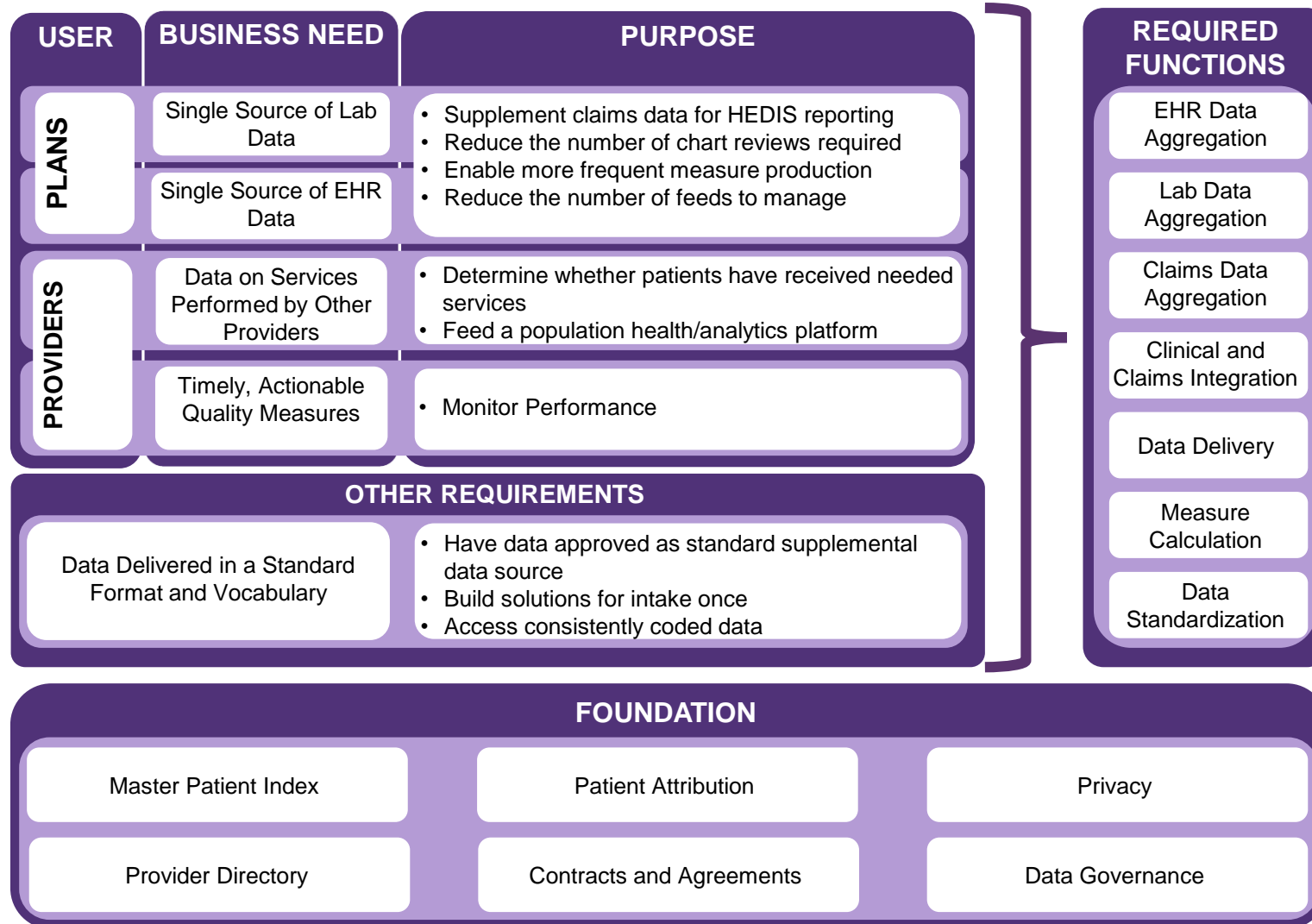
- What other solutions are in place?
- Will these solutions meet VBP Contractors' needs?
- How are VBP Contractors and Providers using measures?
- What are the unmet needs?

Current State- Big Picture



Business Needs Validation

Current State- Measure Delivery



Questions?