CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

CIO/CMIO Peer Group

Thursday, May 12, 2022
11-12pm

Agenda

Time	Topic	Lead(s)
5 min	**Welcome & Introductions**	Zoe So, SNI
40 min	**CalAIM** *Data Sharing Discussion* *Population Health Management*	Amanda Clarke, SNI Bhumil Shah, CCHS
10 min	**DxF Presentation & Discussion**	Haleigh Mager-Mardeusz, CAPH DxF Workgroup Participants
5 min	**Wrap-up & Announcements**	Zoe David Lown, SNI

Biggest IT concerns for 2022:

- Behavioral Health Reform with CalAIM (Contra Costa)
- New requirements for CalAim (Ventura)
- Optimization of Virtual healthcare deliv
- Still struggling with video visit adoption (SCC)
- Cal-AIM consumes resources for other projects. Alameda
- PAMA (again) for 2023 (SCC)
- Data sharing across agencies, partners for population-level analytics and care planning/coordination , especially pertaining to PEH, Public Health surveillance and BH/SUD populations - SFDPH
- Strategies to work down in-person backlogs.
- Lack of digital endpoint data in PPES (despite w/expectation for a year!) harms provider to provider communication efforts. (Ventura)
- Lack of Vendor capabilities for compliance with "No Surprises Act" requirements. (Ventura)
- Provider "buy-in" on adopting Video telehealth where possible (Ventura)
- 21st Century Cures part (SCC)
- Having a legal framework to protect patients who have SDOH data shared. - LAC DHS
- Decreased budget, increased expectations, access to talent.
- Developing and Paying IT/Informatics Staff (Contra Costa)
- Operational leadership turnover (SCC)
- Getting standards for SDOH Sharing - LAC DHS
- Maintenance of mapping/normalization of local health data concepts to defined nomenclatures for interoperability/registries/etc. (Ventura)
- Preparing for USCDI v2 (Ventura)
- Change/Project management, availability of staff to keep new development and maintenance possible (Ventura)

Looking forward to in 2022:

- Electronic Case Reporting
- New capabilities/products launching at Ventura: HealtheRegistries, WellHealth 3rd-party texting, new Telehealth/Video platform (if decision ever reached)?, streamlined Patient Access/Registration
- Communication Infrastructure Refinement (Contra Costa)
- Preparing for Epic BH implementation Due Diligence - Change Readiness, Resource Reqt, Data Intelligence Reqt, ...- SFDPH
- Setting up advanced image sharing, more VNA capabilities
- Provider and staff EMR satisfaction survey (SCC)
- For UCDH: Expanding express care and increasing access
- Ventura continued- Increased automatic document exchange via secure Direct Message to outside providers
- Bi-Directional texting (Ventura)
- "Analytics" resource, capacity, KSA, governance, deployment, training and support - SFDPH
- Build out of missing functionality (Beacon, Rover, Compass Rose, others). Alameda
- For UC Davis Health: Digital Front door (text, chat, email-ominichannel), digital monitoring and automation. Improving backups and DR
- Developing better patient outreach capabilities and structure (SCC)
- Enhanced Case Management (ECM) and Community Supports (CS) to finally start - Contra Costa (purposely in middle)
- Users finally ready to participate as true Super Users and Builders. Alameda
- Finally tending to provider satisfaction and efficiency. Alameda
- Improving our informatics governance (Ventura)

Please include your org name

- yellow to expand on ideas

PHS Priorities for 2022

Please include your org name.

CalAIM

New programs, many new data gathering requirement, much staff training, large reporting burden. Alameda

Technical Advisory about CalAIM specifications and cross-system sharing of how each is meeting them with existing systems - Epic, Cerner, Avatar, ...

I feel like we don't know what requirements will be needed but I know we will be asked to drop everything to implement changes. With these new programs there is often a disconnect between what the

Implement BHS Electronic Health Record that meets the non Electronic Health Record aspects of CalAIM (provider adequacy, timeliness, UR/UM)

Virtual Care

Still not doing enough virtual care to have reached economies of scale/efficiency/trainin g

translation workflows with our current setup Are suboptimal

We need to decide on a new platform for virtual visits, and get the county to fund it

Workforce

Compete with Private Software Companies

Broaden recruitment partners, enable 100% remote for select roles, continue to comparative salary rates, determine insource/outsourced talent in roles, UC San Diego

We are losing report writers right and left!!

HIE

21st Century Cures part (SCC)

multiple political and non political competing priorities in HIE space w/o real value propositions always

Cures: updating to USCDIv2 (vs1)

Need to review every element of our designated record set that isn't in USCDI v1. Review non-Epic systems with ePHI - can they share? Await huge Epic development of extract of complete record. Alameda

New partnerships not case reporting but using new FHIR standards, AMA, etc. for data access/exchange, UC San Diego

Working with CDPH rather than individual areas

This is our first substantive FHIR integration. And we are already late. Alameda.

Electronic Case Reporting

Infrastructure and Capacity Building

Setting up advanced image sharing, more VNA capabilities

Adoption 2/22 new image platform, with advanced digital visualization with 2D/3D images, UC San Diego

Better integration with Communications and Operations (both virtual care and non virtual care

working with private small innovation groups in an agile way

Improve end user (Patient and Staff) experience with Video visits, increase utilization of bidirectional, improvement and expansion of eVisit workflows, improving portal adoption and downstream

"Analytics" resources - demand-capacity management, competencies and training, Governance and alignment, centralized-federated models, business case development, ... SFDPH

Define additional virtual encounter types that support quality between visits (billing/compliance such as nurse workflows), work to improve reliability of vendor platforms, UC San Diego

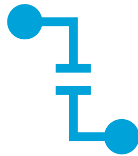
CalAIM

Data Sharing Discussion

Population Health Management

CalAIM Data Sharing Discussion

ECM and Community Supports



Authorization and Referrals

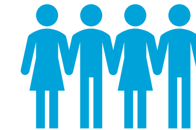
Variation across MCPs creating confusion, administrative burden

Overlap with behavioral health programs

Billing and Invoicing

HCPCS codes

CBOs – invoicing, securing NPIs



Care Management and Social Referral Platforms

Integration with MCP platforms – duplicate entry

Patient consent

CalAIM Data Sharing Authorization Guidance

Population Health Management (PHM)

- "Cornerstone of CalAIM" → A comprehensive plan of action to address member needs across the continuum of care
  - **Data-driven risk stratification**, predictive analytics, identifying gaps in care and standardized assessment processes
  - Keeps Members healthy through **upstream approaches** that link to public health, social services and address wellness and prevention services
  - Provides **care management, care coordination and care transitions** across delivery systems
  - Identifies and **mitigates social drivers** of health to reduce disparities
- Ties together various DHCS initiatives: CQS, procurement, NCQA accreditation, Strategy to Support Children and Families

Population Health Management Strategy and Roadmap
Comments due Monday, May 16 at 8am PT

PHM & Public Healthcare Systems (PHS)

Examples of Impact on PHS	
Accountability tied to PHM (e.g., rate setting tied to PHM risk tiers)	MCPs may revise/align provider contracts and incentives accordingly
Changes to **screening/assessment** tools	Changes to PHS workflows; new IT builds
New requirements for **bidirectional data sharing** between MCPs and providers	PHS must ingest and securely send screening/assessment results + other data
Patients will have ability to **access data directly** through the PHM Service	Implications for patient education and troubleshooting by PHS
Long term vision for **PHM Service and HIE**	Potential requirements for real-time data sharing between PHS, MCPs and PHM Service; impact on consents, workflows, IT builds

Population Health Management

PHM Program

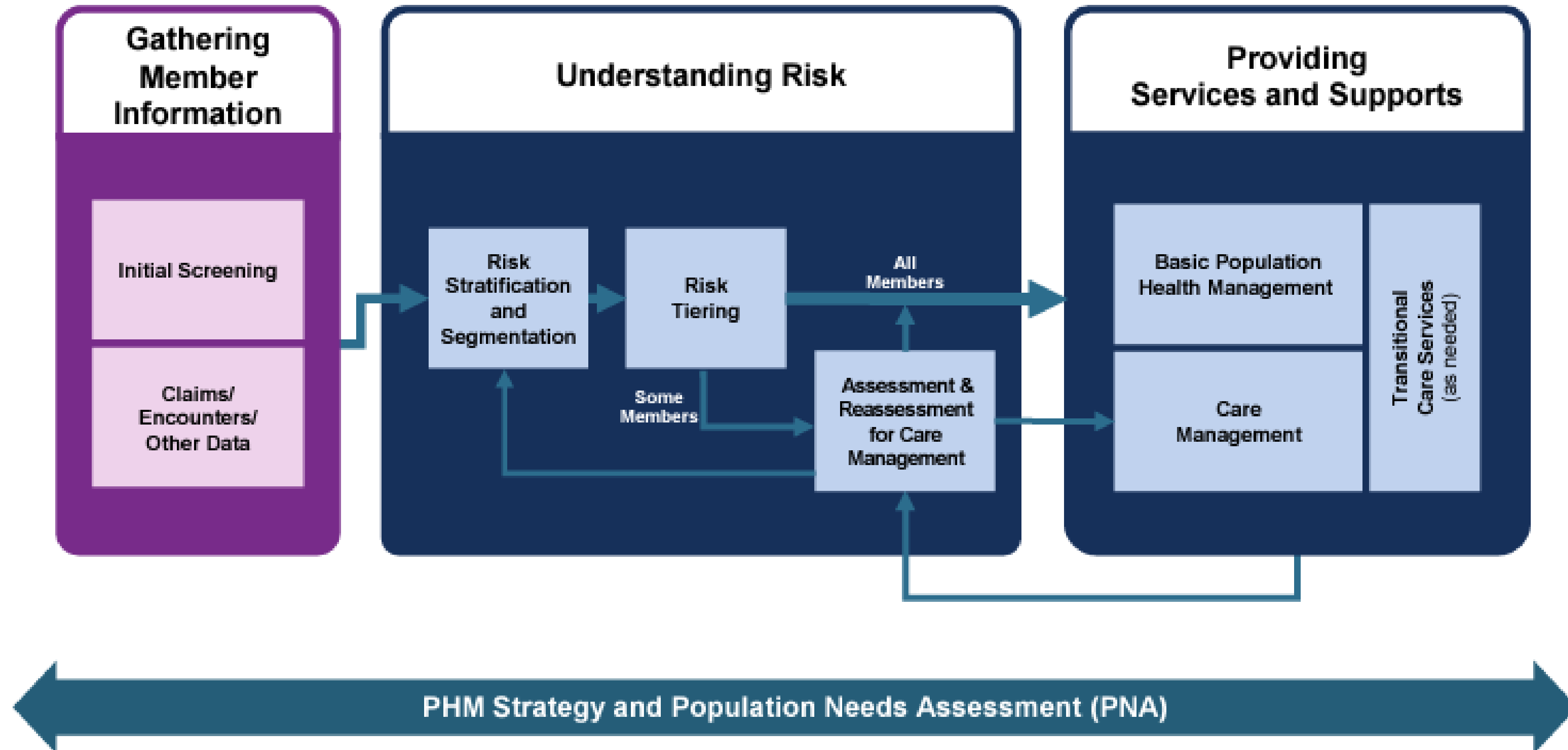
- MCPs must maintain a whole system, person-centered PHM approach
- Launches Jan 2023

PHM Service

- DHCS "technology service" that integrates data from disparate sources, performs population health functions, and allows multiparty data access and sharing
- Beyond Medi-Cal managed care
  - *"integrate physical and behavioral health data, social services, dental, developmental, home and community-based services, IHSS, and 1915c waiver from providers, MCPs, counties, CBOs, DHCS, and other government agencies"*
- Piloted Jan 2023 – June 2023; Go-live July 2023 (gradual rollout)

PHM Program

All MCPs must be NCQA accredited for PHM by 2023



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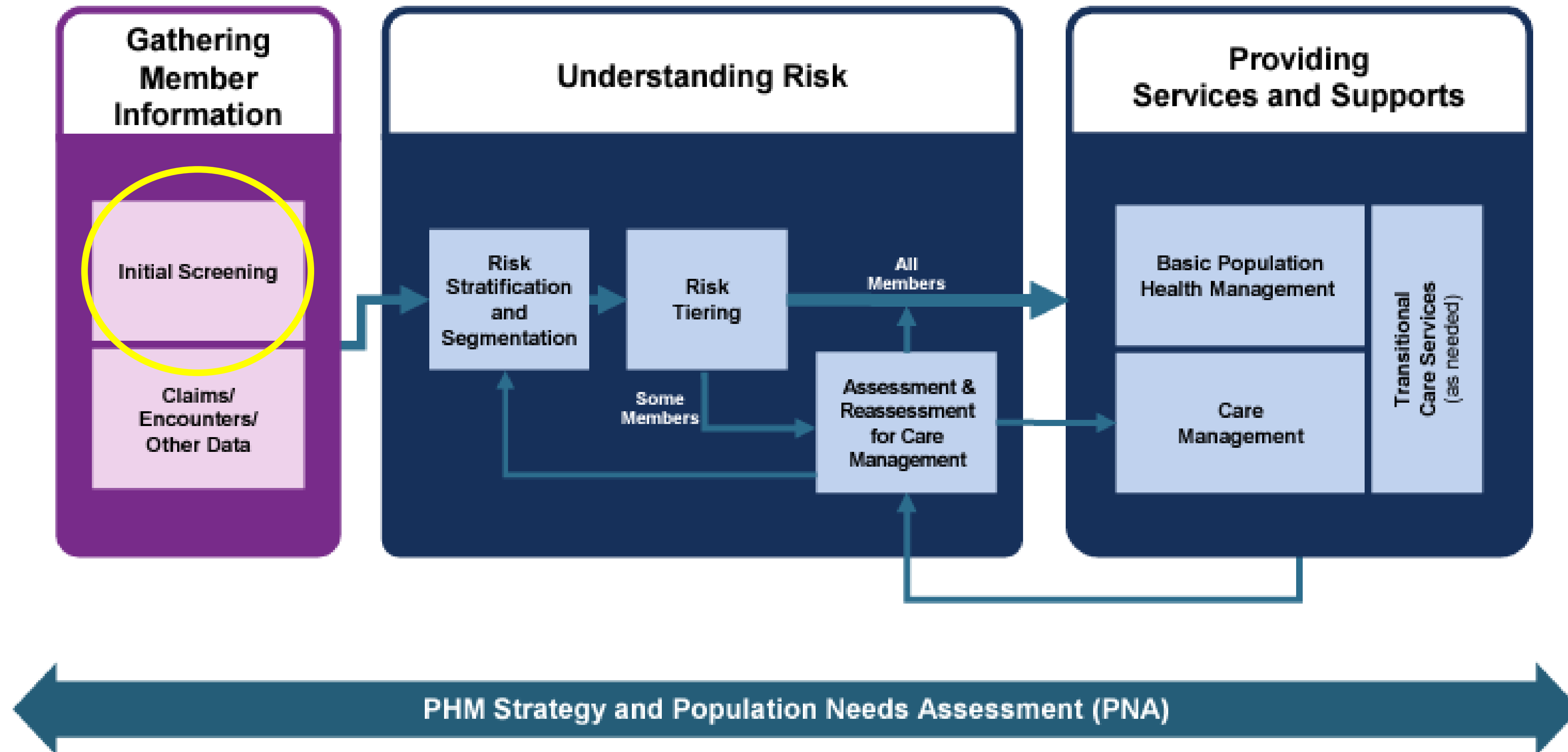

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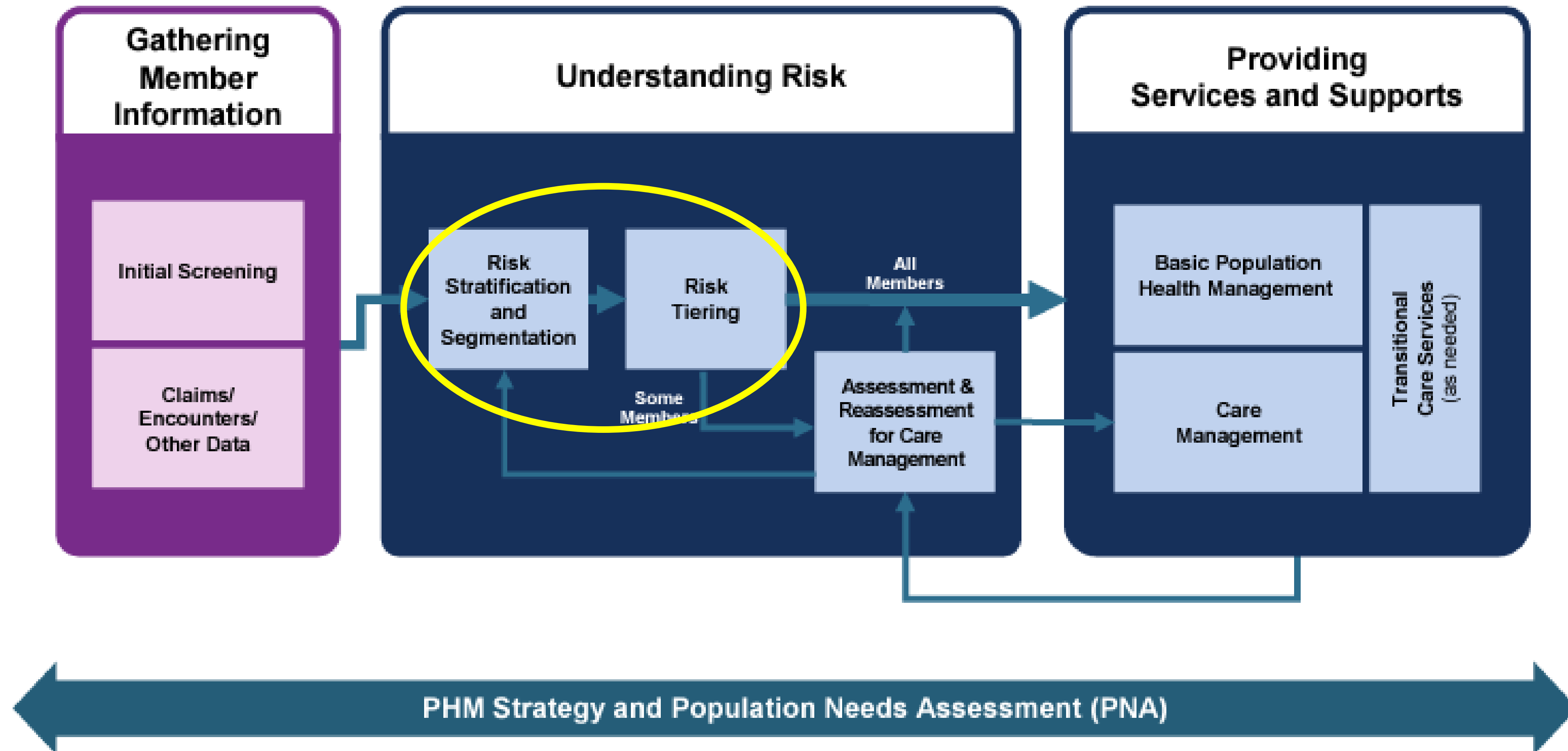

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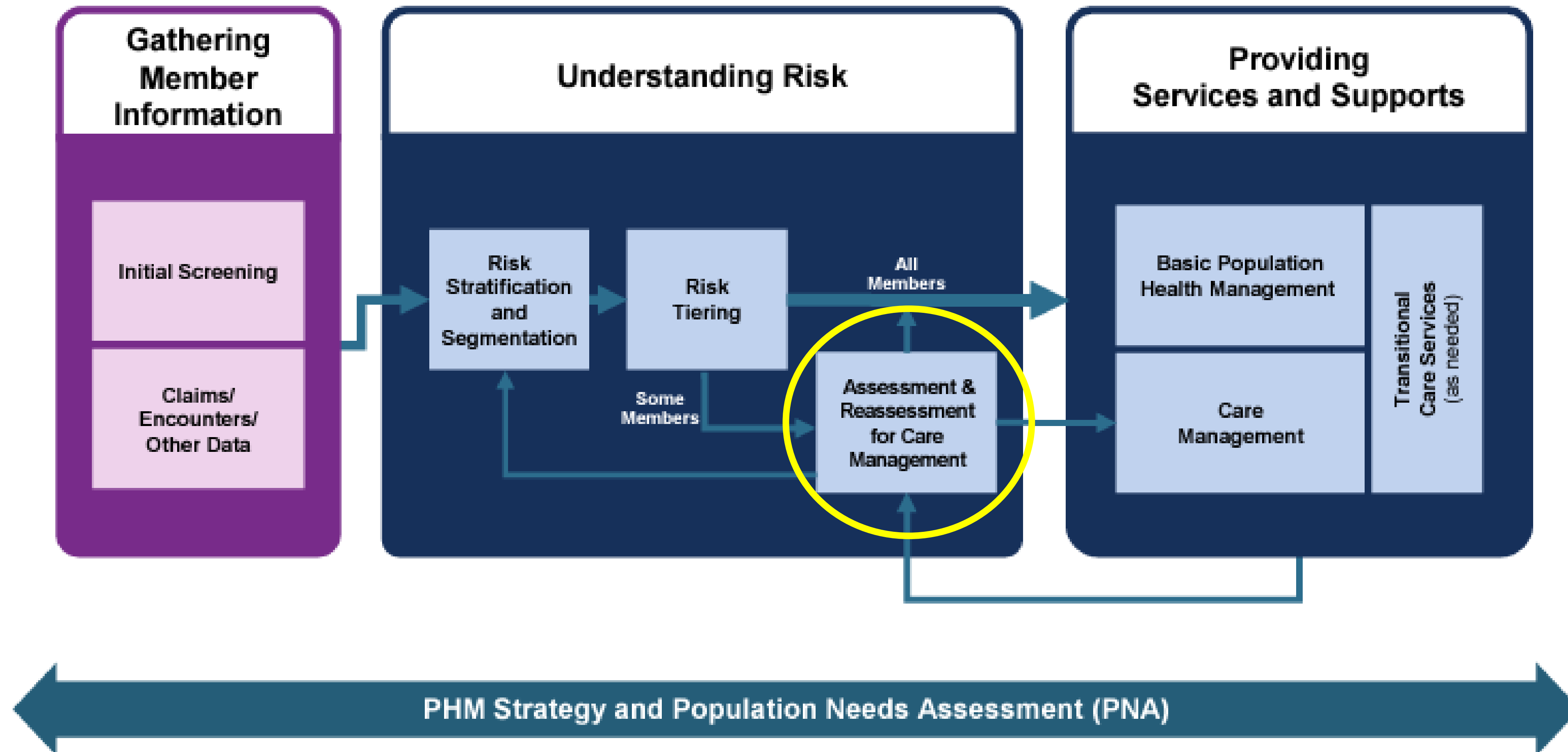

PHM Service

DHCS aims to hire PHM vendor by July 2023

- **Data Aggregation and Sharing**. Aggregate a broad set of data elements to be shared with authorized users
- **Risk Stratification/Segmentation & Tiering**. Create a standard risk stratification algorithm, methodology, and risk tiers that allow DHCS and MCPs to compare and stratify risk across populations and subpopulations
- **Screening and Assessments**. Establish a capability, with roles and rules-based access, for Members to securely access and complete health-related screening and assessments
  - Reduce redundant data entry by pre-populating data fields
- **Program Enrollment and Engagement**. Help Members better understand their eligibility for social service programs and community-based services
- **Member Access and Updates**. Provide Members access to information regarding their rights and benefits and ability to update their demographic information
- **Member Informing & Health Education**. Allow DHCS to contact and communicate with Members directly, including to share health education information

PHM Service

What about data lag?
How does this relate to HIE and DxF?

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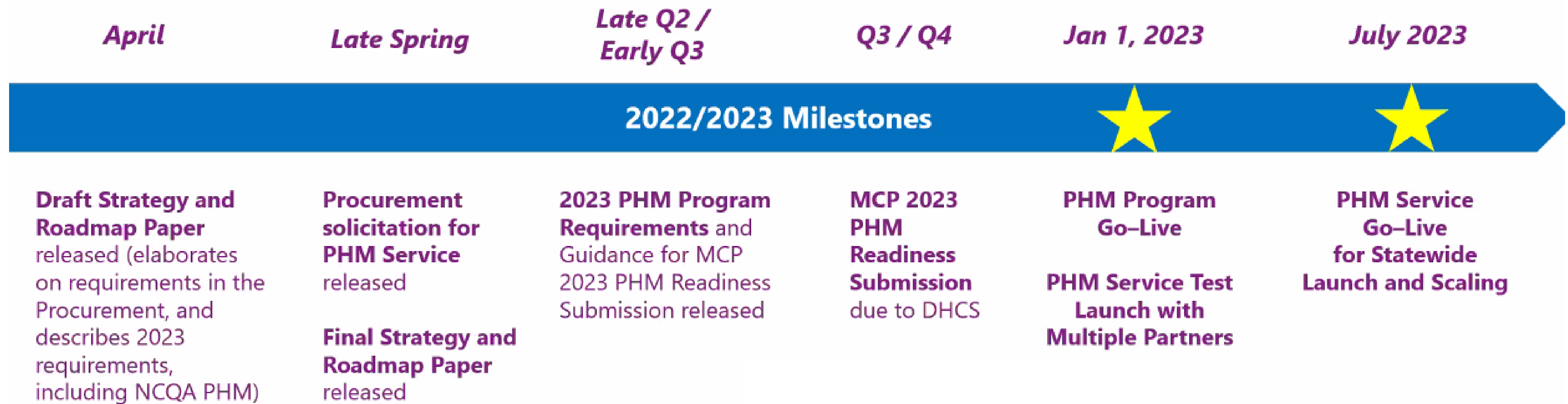
PHM Timeline



PHM Discussion

- Initial reactions, questions, comments?
- What are your key concerns when you think about how PHM will impact your system?
- What are you hearing from your health plans about the PHM Service?

Data Exchange Framework (DxF)

DxF Update

- In April, CalHHS submitted a report to the Legislature intended to provide an update on the development of the DxF
  - Key concerns are that it repeats the State's presentations over the past several months with no discussion of stakeholder feedback, concerns, or issues raised by the Advisory Group. CAPH signed onto a letter with CHA outlining these concerns
- April DxF Advisory Group – Governance Models
  - Unclear what governance functions are needed/required for the DxF, and still have more questions than answers:
    - Enforcement and monitoring – no enforcement mechanism in the authorizing language/potential overreach
    - Program development and financing – unclear what programs we're developing or financing needed
    - Integrate concept of qualified data exchange intermediaries – what are these? How would an entity become a qualified intermediary? How does this interact with TEFCA and QHINs?
  - Too challenging to discuss a governance model when we don't have a clear sense/agreement of the purpose, functions and scope of the entity. CAPH signed onto a letter with CHA outlining these concerns.

DxF Update – Digital Identities

- Digital Identity Draft Strategy (slides 37-59 here)
  - Adopt as purpose patient matching and record linking, investigating need for credentials in the future
  - Adopt standard set of attributes comprising a digital identity, including selected demographics and health-related unique identifiers
  - Consider privacy in selection of attributes comprising digital identities
  - Tokenize sensitive data as soon as capability exists
  - Protect privacy and security equally as health information in the DSA, for health organizations bound by HIPAA as well as social services that are not
  - Limit purposes to associating data with a real person, prohibiting secondary uses
  - Create a statewide index if sustainable funding can be identified
- Reflections from digital identity member participants

DxF Update – Data Sharing Agreement

- Data Sharing Agreement (drafts available here)
  - By July 1, 2022, a single data sharing agreement (DSA) and common set of policies and procedures that govern and require data sharing must be developed
    - DSA – legal agreement with key requirements focused on parties, purpose, intent, definitions, uses and disclosures, etc.
    - Policies and procedures – rules and guidance to support on the ground implementation (e.g., technical standards and specifications, dispute resolution)
- A broad spectrum of health care entities are required to execute the DSA by January 1, 2023, and exchange or provide access to health information with other mandated organizations by January 31, 2024
- Reflections from members participating on the DSA Subcommittee

Next Steps

- Governor's May Revise Budget release expected this Friday, May 13
  - Likely some discussion of HIE and funding for DxF will be proposed in the budget
- Full draft of DSA and initial set of policies and procedures released sometime this month
  - Discussion of these and draft DxF at May 18 Advisory Group meeting and opportunity for comment following this meeting
- Revised version of DSA and DxF shared in advance of the final Advisory Group meeting on June 23
- Release of DxF, DSA and initial set of policies and procedures by July 1 (likely a second set of policies and procedures following)
- Implications are still TBD

Wrap Up

CMS FY2023 IPPS Proposed Rule

CMS is seeking comments on the proposed rule which includes items relevant to CIO/CMIOs (partial list included here):

- Medicare Promoting Interoperability Program
  - new HIE Objective measure option: "Enabling Exchange under the TEFCA" (Y/N response)
  - increasing reporting requirement from 4 to 6 eCQMs, beginning with the CY 2024
- 10 new measures including: 1) Hospital Commitment to Health Equity; 2) Screening for Social Drivers of Health: 3) Screen Positive Rate for Social Drivers of Health
- Social Determinants of Health Z Codes (Z55-Z65) – use in IP claims data reporting. In particular, is Z59 (homelessness) underreported and if so, why?
- Measuring Health Care Quality Disparities Across CMS Quality Programs – elements to advance measurement & stratification as tools to address health care disparities

America's Essential Hospitals provides a more comprehensive summary of the rule here (log-in required)

FYI: CAPH will participate in Health Care Access & Information's (HCAI) Health Equity Measurement Advisory Committee (HCAI is formerly known as OSHPD) – assessing CMS Health Equity measures & disparities to be addressed in hospitals' annual health equity plans

Poll: 2022 Interoperability Readiness – yes, poll

Are you in compliance with the following interoperability rules? (yes/no/not sure)

- Information Blocking of USCDI data (Cures Act)
- Information Blocking of all EHI; not just USCDI data (Cures Act) - required 10/6/22
- Digital Contact Information in NPPES (CMS final rule)
- Admission, Discharge, and Transfer (ADT) Event Notifications (CMS final rule)
- CDSM Appropriate Use Criteria (AUC) (PAMA) - required 1/1/23
- *Are we missing anything?*

Have you updated or are you planning on updating to USCDIv2 (expected to be a part of the Data Exchange Framework)? (yes/no/not sure)

Have you adopted or are you planning on adopting FHIR standards for all your data exchange needs? (yes/no/not sure)

Next CIO/CMIO Meeting: May 26 at 11am

eVisit Transformation: Billable Medical Advice through EHR Messaging

In response to an unprecedented surge in EHR messages, UCSF Health implemented a new model of billable Medical Advice Messages (or "eVisits"), which are reimbursable by Medi-Cal for non-FQHC providers. In doing so, UCSF Health is combating provider burnout by acknowledging the unpaid, after-hours time spent responding to messages. In this webinar, an expert from UCSF Health will share how they implemented Medical Advice Messages in Epic, updated their provider workflows, educated patients and staff on the change, and monitored for disparities.

Registration in the CIO/CMIO peer group calendar invite