

HIT for Care Management

&

Population Health

ACH Technical Assistance

April 17, 2018



Agenda

- Introductions
 - Shaun Wilhelm, HCA/HIT Section Manager
- AIM Update
- HIT for Care Management & Population Health



HIT for Care Management & Population Health

Washington Accountable Communities of Health Program April 17, 2018

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HIT Capabilities for Care Management & Population Health Craig Jones Disclosures

Current Employment

- SME contractor to ONC Resource Center supporting SIM and APM states with their HIT & Data strategies
- SME contractor to Deloitte supporting CMMI with data sharing & alignment strategies for CPC+
- CMO Privis Health, a population health company providing consultative services and a Care Management platform
- Previous Employment
 - Executive Director, Vermont Blueprint for Health (2007-2016). A statewide, community oriented, PCMH and population health program.
 - Director, Division of Allergy & Immunology and the Allergy & Immunology Residency Training Program (2002-2017). Los Angeles County + University of Southern California Medical Center. Development and implementation of the BreathMobile Inner City Asthma Program.

Health Information Technology

HIT Capabilities for Care Management & Population Health *Objectives*

Objectives

The objective of this session is to discuss HIT design principles and capabilities for care management & population health including:

- Use cases & goals
- Data management (extraction, aggregation, standardization, quality)
- Care management application
 - Administrative capabilities (programs, teams, role based access)
 - Pathways (Assessments>Problems>Goals>Interventions>Tasks)
 - Interactive shared care plan
- Reporting capabilities



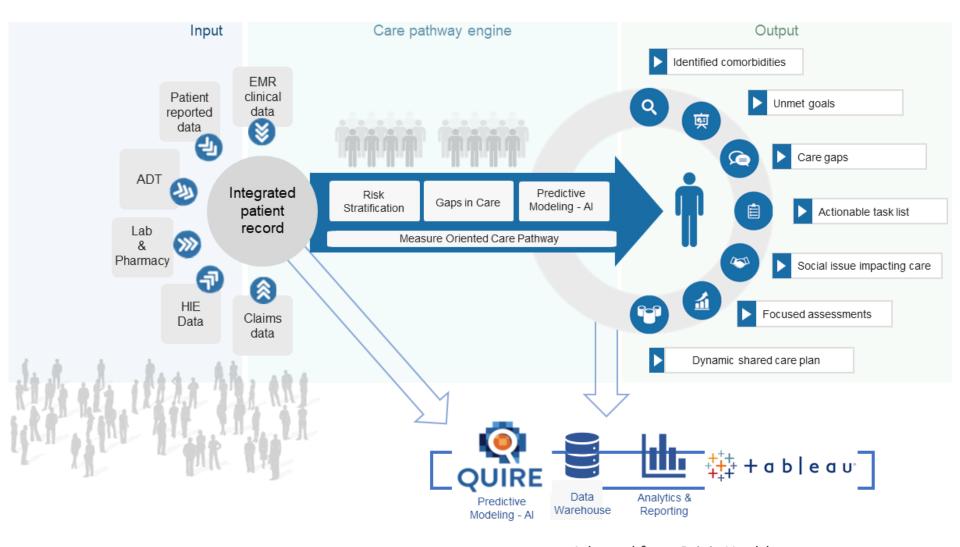
HIT Capabilities for Care Management & Population Health Ingredients for Improved Health Services

Summary of CM Platform Use Cases

- Risk grouping, empanelment, gaps, events, decision support
- Care management including interactive shared care plan
 - Longitudinal for people with complex needs
 - Episodic for people with unexpected events
- Outreach and prevention for key populations
- Coordination across medical neighborhood & community resources
- Evaluating program impact (core measures, drivers)
- Comparative performance across settings (variation, drivers)
- Predictive information & anticipatory guidance



HIT Capabilities for Care Management & Population Health Architecture





Adopted from Privis Health https://www.privishealth.com/solutions

HIT Capabilities for Care Management & Population Health WA ACH Program Areas

Aligning HIT Capabilities & ACH Program Goals

Project	внт	СРАА	GCACH	HealthierHere	NCACH	NS ACH	ОСН	PCACH	SWACH
2A: Bi-directional Integration of Care	•	•	•	•	•	•	•	•	•
2B: Community- based Care Coordination	•	•			•	•		•	•
2C: Transitional Care		•	•	•	•	•			
2D: Diversions Interventions					•	•	•		
3A: Addressing Opioid Use	•	•	•	•	•	•	•	•	•
3B: Reproductive and Maternal and Child Health		•				•	•		
3C: Access to Oral Health Services						•	•		
3D: Chronic Disease Prevention and Control	•	•	•	•	•	•	•	•	•

- Respiratory Disease
- Diabetes
- Obesity
- Cardiovascular Disease
- Hypertension



Linking Clinical Care to Social Services *Architecture*

CM Platform Functions

- Aggregate data (Hospital, ADT, clinical, claims, SDOH, other)
- Administrative Capabilities
 - Establish library of users by program, organization, site, geography
 - Control access to information based on roles and permissions
 - > Ability to select & assign care team members based on roles
 - Ability to establish panels and link panels & patients to care teams
 - Ability to assign tasks to specific care team members
 - > Ability to track progress and be aware of incomplete work



Linking Clinical Care to Social Services *Architecture*

CM Platform Functions

- Aggregate data (Hospital, ADT, clinical, claims, SDOH, other)
- CM Application
 - Display active population (program, organization, site, provider)
 - Support risk grouping (algorithm, team knowledge & intuition)
 - Empanelment & assignment to provider and/or care teams
 - Gaps in care (prevention & disease control)
 - Event notification (unexpected events)
 - Pathways (transitions, chronic conditions, HRQL, SDOH, behavioral)
 - Interactive shared care plan



Linking Clinical Care to Social Services Care Management Platform

CM Platform Functions

- Reporting & Insights
 - Administrative & productivity reporting
 - Performance reporting
 - Interactive dashboard displaying priority measures
 - Display comparative performance & variation across settings
 - Display associations that provide insights and help target work
 - Quick drill down to drivers of performance & variation
 - Quick drill downs to panels & individuals (performance to panel)



HIT Capabilities for Care Management & Population Health Foundational Elements & Technical Capabilities

Technical Capabilities

Analytics Services

Reporting Services

Expenditure Reporting

Utilization Reporting

Data Quality & Risk Adjustment

Quality Measure Reporting

Data Extraction

Data Aggregation & Transformation

Patient Identity Management

Provider Directory & Attribution

Security & Privacy

Consent Management

Foundational Elements

Business Reason

Governance

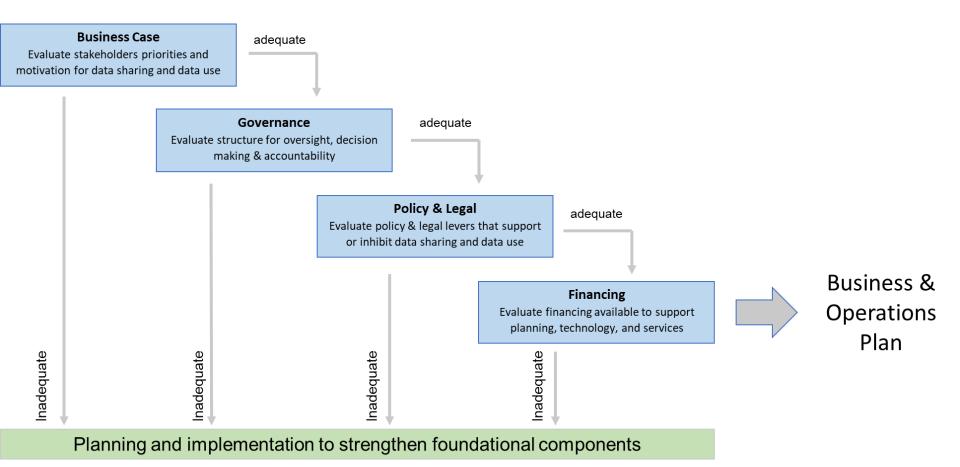
Policy

Financing

Legal Agreements

User Support / Learning Network

HIT Capabilities for Care Management & Population Health Foundational Elements & Technical Capabilities





HIT Capabilities for Care Management & Population Health Community Oriented Models Benefit from Care Management Capabilities



All-Insurer Payment Reforms

Transformation Network

Service Area & Statewide Collaboratives

Data Infrastructure

Evaluation & Comparative Reporting

HIT Capabilities for Care Management & Population Health

Questions & Discussion