



Rhode Island HIT Strategic Roadmap

Statewide HIT Strategic Roadmap and Plan



THE GOAL OF THE HIT STRATEGIC ROADMAP IS TO LAY OUT THE THREE YEAR VISION FOR HEALTH INFORMATION TECHNOLOGY IN THE STATE OF RHODE ISLAND



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EOHHS contracted with Briljent, LLC to assist with development of a statewide Health Information Technology (HIT) Roadmap and Plan by:

- Assessing current HIT activities and environment in Rhode Island
- Conducting a Stakeholder Assessment
- Identifying the Gaps and Helping to Prioritize Opportunities
- Developing the HIT Strategic Roadmap
- Creating an Implementation Plan

STAKEHOLDERS



Briljent conducted extensive stakeholder engagement, including:

- 36 interviews with internal state staff across EOHHS and health-related agencies
- 39 interviews with community partners
- Multiple group engagement sessions

INTERNAL STAKEHOLDERS

- Executive Office of Health and Human Services (EOHHS), including:
 - Medicaid
 - Long-term Support Services
 - Office of the Health Insurance Commissioner (OHIC)
 - HealthSource RI
 - Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH)
 - Department of Human Services (DHS)
 - Department of Corrections
 - Department of Information Technology
 - Department of Health, incl:
 - Center for Health Data Analysis
 - KIDSNET
 - Infectious Diseases
 - PDMP
 - HIV, Hepatitis, STD & Tuberculosis
 - Health Equity
 - Chronic Disease
 - Oral Health
 - RI Commerce Corporation
- And more!

EXTERNAL STAKEHOLDERS

- Rhode Island Quality Institute (RIQI)
- Care Transformation Collaborative (CTC)
- Healthcentric Advisors
- Hospitals and health systems
- Physician practices
- Health plans
- Federally Qualified Health Centers (FQHCs)
- Accountable Entities
- Behavioral health providers
- United Way
- Long term care associations
- Hospital Association of Rhode Island (HARI) and other trade associations/ professional groups
- Educational Institutions



KEY THEMES & FEEDBACK



OVERARCHING FEEDBACK

Strengths	Needs
<ul style="list-style-type: none">• Excitement for a statewide HIT Roadmap to coordinate shared investments• History of collaboration among public and private stakeholders• Positive experience with State Innovation Model (SIM) coordination, convening, shared decision-making, and transparency	<ul style="list-style-type: none">• Need to clear understanding and shared agreement about State's healthcare goals• Need to link HIT infrastructure to overarching priorities• Need to define the role of the State, vision, and goals with community collaboration• Need to articulate approach to execute on health priorities and HIT strategies• Need to engage consumers/patients
Opportunities	Barriers
<ul style="list-style-type: none">• Alignment among state agencies and private stakeholders to reduce provider burden by improving access to information, integrating solutions in clinical workflows, and simplifying information sharing and reporting• Alignment for consumer engagement• Alignment around desire for a shared, bold vision	<ul style="list-style-type: none">• Resource limitations (money and people)• Effective coordination across state agencies and programs engaged in health and human services work• Provider burden is increasing with inefficient HIT solutions and infrastructure

GOVERNANCE AND COORDINATION

Strengths	Needs
<ul style="list-style-type: none">• Long history of collaboration and shared decision-making• Strong interest in defining cascading governance models coordinating and defining focused workgroups	<ul style="list-style-type: none">• Centralized coordination, convening, and roles• Continuous communication on status, progress, and organization involvement• Better coordination and centralized planning• Identify opportunity for shared infrastructure and reuse• Define convener and venue for coordination
Opportunities	Barriers
<ul style="list-style-type: none">• Leverage existing committees and workgroups with broad stakeholder representations• Connect HIT governance to broader health policy initiatives and health transformation goals• Alignment with existing governance structures and workgroups• Link workgroups across strategic initiatives and identify sub-groups with specific focus areas to address technical or policy	<ul style="list-style-type: none">• Numerous governance structures created to oversee specific projects but lack of coordination and communication across these structures• Unclear “rules of the road” for engaging in programs and roles and responsibilities across participants• Indistinct methods for sharing information, incentivizing participation, accountability, and decision making

KEY CONSIDERATIONS

- Consumers/ patients are key constituents and need to be involved
 - Currently finalizing a consumer/ patient engagement strategy leveraging existing groups where possible
- Provider burden is a top concern
 - Broad agreement among clinicians that health IT is a component of burden and burnout
 - Interest across state and private stakeholders to:
 - Reduce provider burden
 - Ease access to information and incorporate into workflows
 - Simplify information sharing and reporting

NEED FOR CORE IDENTITY MANAGEMENT SERVICES

- Statewide identity services (master patient index, provider directory, attribution) were frequently identified as a gap
- Divergent opinions on the combination of identity services, who should pay for them, and whether they should exist at the state, RIQI, or elsewhere

DISCUSSION

- Core identity management services (provider directory, master patient index, attribution service)
 - What core problems are trying to be solved?
 - What functionality is needed?

BUILD ON INVESTMENTS IN RIQI/CURRENTCARE

- Broad support for RIQI as a key participant in efforts, including some support to serve as a central hub
- RIQI Board has key healthcare leadership and therefore stakeholder support exists for RIQI to serve as a convener for HIE efforts
- Cautious optimism over new leadership
- Significant gaps in knowledge and confusion of RIQI's range of services, existing use of CurrentCare, technical capabilities, and funding streams
 - Difference between CurrentCare and what else RIQI offers
- **Strong support to continue HIT investments; many considered CurrentCare to be a public utility; and strong agreement to continue development on the core services**
- Concern over mission, past performance, ability to execute, and technical capacity
- **Almost universal agreement that a consent model change to opt-out is needed**

QUALITY REPORTING SYSTEM (QRS)

QRS

- Strong interest in centralized reporting solution if it will reduce burden, improve access to clinical data, and drive system improvement
- Concerns about the lack of MCO participation, cost to implement, sustainability, and QRS' role in relation to other HIT initiatives
- Some were unclear on the status of the program, or if there were clearly defined business cases developed
- Desire for certainty that QRS will meet AE program needs and timeline
- Confusion and concern about QRS and how it relates to HIE functions at RIQI

ALL-PAYER CLAIMS DATABASE (APCD)

APCD

- Still relatively young, but seen as a valuable asset
- External stakeholders cited the high cost of data requests as a barrier to use
- Current setup does not allow for data to be effectively used to drive improvement at the practice and individual patient level
- Processing and vendor costs for self-insured plans to submit data is a barrier to participation

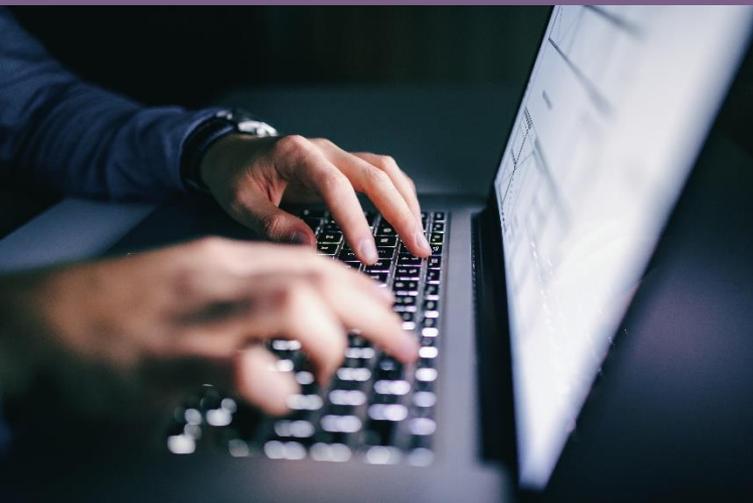
DISCUSSION

- Combining claims and clinical data for practice improvement efforts
 - What core problems are trying to be solved?
 - What functionality is needed?
 - What considerations are important for determining new investments vs. building upon existing efforts?

STATEWIDE E-REFERRALS FOR SDOH



- Strong stakeholder support for statewide SDOH e-referral platform
- Coordinated approach is needed quickly to reduce the risk of multiple, unaligned investments
- Many shared opportunities where it could be leveraged across agencies in addition to providing referrals for healthcare entities
- Some interest in building on the investments already made such as United Way/ 211
- Some interest in medical referral system, although some concern about market dynamics
- Further exploration of CBO viewpoint is needed



BEHAVIORAL HEALTH DATA SHARING

- Challenges around the laws governing the sharing of behavioral health data
 - 42 CFR Part 2 was cited frequently
- Stakeholder frustration in inability to get Care Management Alert ADT from Psychiatric Hospital
- AEs concerned with ability to meet metric around 7-day follow-up after hospitalization
- Some behavioral health providers and advocates concerned about impacts of broader data sharing on clients

DISCUSSION

- What considerations are important for determining new investments vs. building upon existing efforts?

NEXT STEPS



- Draft vision and guiding principles based on initial input (Dec 2019)
- Begin gap analysis (Dec 2019)
- Develop Health IT Strategic Roadmap (Early 2020)
- Develop implementation plan (Early 2020)



Sean Carey



503.522.4820



scarey@briljent.com