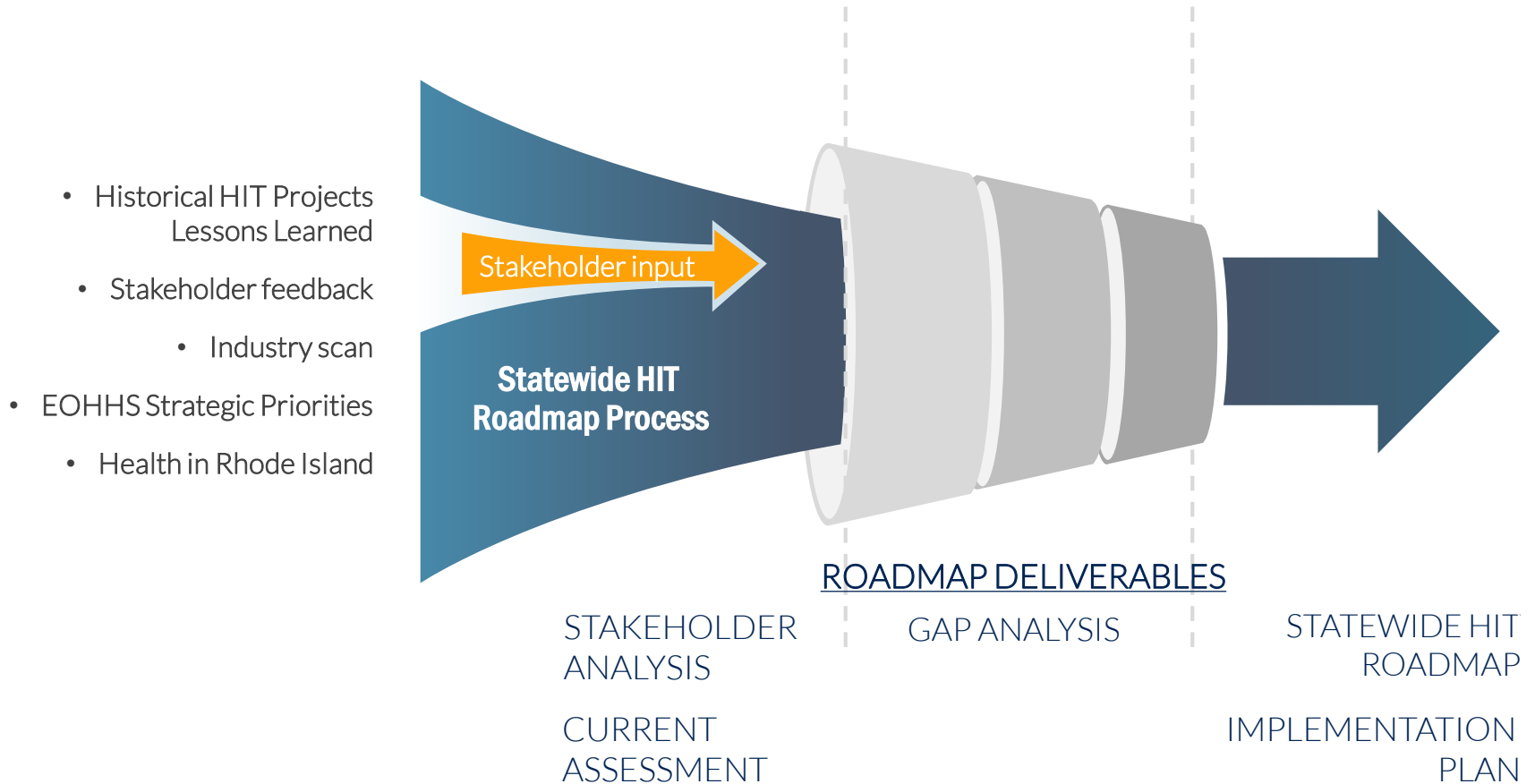


Statewide HIT Strategic Roadmap and Plan



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

ROADMAP DEVELOPMENT KEY INPUTS



RHODE ISLAND HEALTH VISION



EOHHS Strategic Priorities

- Shift Systems and Investments to Prevention, Value, Choice, and Equity
- Preserve and Improve Access to Quality, Cost-Effective, Physical and Behavioral Healthcare
- Curb the Opioid Epidemic, Address Addiction, and Improve Mental Health
- Focus resources to maximize health and reduce waste.
- Promote Efficient, Effective and Fair Delivery of Services and Operations

Health
in A Long Term Vision
Rhode
Island

Health in Rhode Island

Rhode Island is the healthiest state in the nation.

All Rhode Islanders:

- Have the opportunity to be in optimal health
- Live, work, learn, and play in health communities
- Have access to high-quality and affordable healthcare

TERMINOLOGY

State-only

State agency specific projects, led and funded by state agency resources

Examples: MMIS or RI Bridges

State-led

Public-private HIT projects, led and funded by state agency resources

Example: Quality Reporting System

Statewide

Public-private HIT projects with statewide reach and participation by private, community stakeholders

Example: CurrentCare

Statewide HIT Roadmap - Strategies



Statewide Planning

HIT is developed in sync with the rest of the state's health planning, and not in a vacuum.



Governance & Coordination

To better align statewide HIT planning, development, and implementation with existing HIT systems and support collaborative decision-making, create a new statewide public/private governance function



Data Availability & Technical Alignment

Support the use of actionable data by improving and streamlining data collection across systems and users, with a focus on identifying data gaps, including quality, completeness, portability, reuse, and adherence to federal and industry standards.



Health Systems Transformation & Quality of Care

Ensure that HIT activities and investments help Rhode Islanders receive the highest quality care in the right place at the right time.



Public & Population Health

Use HIT to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data.



Best Practices

Implement technology best practices and industry standards throughout the HIT environment in Rhode Island.



STRATEGY #1 – STATEWIDE PLANNING

HIT is developed in sync with the rest of the state’s health planning, and not in a vacuum. Consider HIT needs during (and not after) program development to maximize efficiency, avoid duplication, promote long-term sustainability, and ensure decisions about HIT development and implementation support the statewide goals.

Tactics

- a) Establish ongoing planning processes to evaluate and prioritize state and community HIT needs:
 - i. Support Rhode Island’s health policy, population health, and health system transformation goals
 - ii. Address State program and policy data and technology needs
 - iii. Promote patient perspectives and needs
 - iv. Align with health and community-based provider perspectives and needs
- b) Include policy, technical, and financial analysis in all planning efforts by:
 - i. Identifying efficiencies
 - ii. Considering the implications of federal policy changes
 - iii. Developing financial sustainability planning for all technical investments
- c) Build upon learnings from the COVID-19 pandemic crisis



STRATEGY #2 – GOVERNANCE AND COORDINATION

To better align statewide HIT planning, development, and implementation with existing HIT systems and support collaborative decision-making, create a new statewide public/private governance structure

Tactics

- a) Create a coordinated governance structure for statewide HIT initiatives
 - i. Create a public/private HIT Steering Committee
 - ii. To choose the Steering Committee, create a time-limited Governance Initiation Development Committee
 - iii. Create a state agency HIT Coordination Committee
 - iv. Identify roles and responsibilities of stakeholders engaged in new and existing HIT governance groups
- b) Assess and inventory existing data availability, HIT systems, capabilities, and technologies
- c) Develop a standardized approach to collecting, evaluating, prioritizing, and initiating new technology investments and initiatives
- d) Develop a long-term sustainability plan



STRATEGY #3 – DATA AVAILABILITY AND TECHNOLOGY ALIGNMENT

Support the use of actionable data by improving and streamlining data collection across systems and users, with a focus on identifying data gaps, including quality, completeness, portability, reuse, and adherence to federal and industry standards. For example, identify data gaps in existing systems, and prioritize efforts to fill gaps based on how the data will be used to provide care or drive policy.

Tactics

- a) Identify data sources and address data needs across systems and users
- b) Improve data quality and close data gaps
- c) Evaluate data system integration opportunities
- d) Promote the use of standardized data use agreements
- e) Develop an approach to combine claims, clinical, and social determinants of health data



STRATEGY #4 – HEALTH SYSTEMS TRANSFORMATION AND QUALITY OF CARE

Ensure that HIT activities and investments help Rhode Islanders receive the highest quality care in the right place at the right time. For example, HIT should support behavioral health data-sharing needs between treating providers, improve efforts to address health disparities, and assist providers and patients during transitions of care.

Tactics

- a) Leverage data improvements noted above to expand data use and sharing
- b) Encourage the adoption and use of robust health information interoperability efforts
- c) Allow the effective and appropriate sharing of behavioral health information
- d) Support improvements in patient care by:
 - i. Expanding access to existing HIT services
 - ii. Improving patient transitions of care across care settings
 - iii. Increasing patient and provider access to health information
 - iv. Aggregating claims, clinical, and social determinants data
- e) Advance telehealth initiative investments from the COVID-19 response



STRATEGY #5 – PUBLIC AND POPULATION HEALTH

Use Health Information Technology to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data. For example, help eliminate health disparities by increasing the ability to collect data to inform policy and interventions using a race equity lens.

Tactics

- a) Evaluate the lessons learned and opportunities from the public health data response to COVID-19 to develop and implement HIT solutions enhancing the existing public health surveillance, preparedness, and emergency response technical infrastructure
 - i. Align and integrate health data reporting requirements
 - ii. Augment available data from other data systems to inform public health response efforts
- b) Streamline data collection and reporting to reduce provider burden including leveraging existing technical investments
- c) Expand solutions for efficient use and reuse of health data to better understand and improve population health and eliminate health disparities
- d) Promote technology adoption improving patients' access to their health information



STRATEGY #6 – BEST PRACTICES

Implement technology best practices and industry standards throughout the HIT environment in Rhode Island. For example, ensure secure, efficient use and sharing of information that leverages best practices in interoperability, cybersecurity and patient and provider engagement.

Tactics

- a) Ensure statewide HIT systems meet applicable state and federal laws, regulations, and best practices by:
 - i. Creating a privacy and security workgroup
 - ii. Promoting the use of federal and industry standards and best practices to improve interoperability
 - iii. Assessing whether existing state laws need to be amended to support best practices
- b) Use state policy levers to promote best practices and support community and academic collaboration to:
 - i. Educate the healthcare workforce and the general public on the role, value, and use of HIT
 - ii. Leverage lessons learned locally as well as from other states

PROPOSED STEERING COMMITTEE MAKE-UP

HIT Steering Committee

The new public-private statewide coordinating governance Steering Committee charged with aligning stakeholders and guiding statewide HIT decisions and investments, with a race equity lens. The HIT Steering Committee will report out to the Health Cabinet.

Proposed Chairs: State Agency Director/Lead and a Community Partner

Proposed Members - Representatives from:

1. Consumer/Patient Organizations
2. Community-Based Organizations focused on the Social Determinants of Health
3. Employers
4. Healthcare Providers: PCPs, Specialists, Hospitals, Long-Term Care, Behavioral Health, Oral Health, and others
5. Health Improvement Organizations
6. Payers – Commercial and Medicaid
7. Privacy/Security Experts
8. Key State Agency Directors or Designees
9. Chairs of the Existing Legislatively Mandated Committees

All Committees Staffed by the State HIT Team

HIT STEERING COMMITTEE FUNCTIONS

- Issues, proposals, and topics come to the Steering Committee for the purposes of:
 - Knowledge Sharing
 - Alignment
 - Between Steering Committee members on projects that they bring to the table
 - On recommendations for new policies necessary to facilitate success with HIT
 - Decision-making for a potential joint initiative

Knowledge Sharing

- New information on topics that include projects and policies. Recognizing proprietary issues, for orgs to share what they want
- Updates on existing projects

Alignment

- Program/Project
- Policy
- Endorsements – individual organizations endorsing other projects

Shared Decision Making

- Joint Projects
 - SC Endorsement
 - Funding
 - ID of Lead organization
- Joint policy recommendations

PROPOSED HIT INTERAGENCY COORDINATION COMMITTEE MAKE-UP

HIT Interagency Coordination Committee

Internal state agency team tasked with aligning HIT efforts within state government and coordinating, where possible, with the HIT Steering Committee.

Current agency participants include:

BHDDH

DCYF

DHS

DLT

DoIT

EOHHS/Medicaid

Governor's Office

HSRI

OHIC

OHA

RIDOH

RI Vets

CURRENT NEEDS FOR STRATEGIC DIRECTION

The federal government is making several changes that need decisions and reaction. And the Roadmap reflects a large number of proposals for state-based action.

The Roadmap also reflects a strong recommendation from Rhode Island stakeholders that we make these decisions on these federal issues together, in an aligned fashion.

Current Examples:

- 1) Ongoing funding issues – Change of Funding through HITECH
- 2) CMS Interoperability Rule:
 - Hospital alerting on discharge
 - Payer to payer data exchange
 - Consumer access to their own payer data
- 3) Community eReferral Resource Platform

Q&A

