



**Department
of Health**

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #15

December 14, 2017

Agenda

| # | Topic | Time | Leader |
|---|---|---------------|--|
| 1 | Welcome and Introductions | 10:30 – 10:45 | James Kirkwood |
| 2 | Cybersecurity and Incident Response | 10:45 – 11:05 | Mahesh Nattanmai |
| 3 | SHIN-NY Update <ul style="list-style-type: none"> Performance Based Contracting | 11:05 – 11:45 | Valerie Grey (NYeC) James Kirkwood |
| 4 | Health IT Integrated Quality Measurement <ul style="list-style-type: none"> Data Quality Assessment Findings | 11:45 – 12:05 | Maria Ayoob (NYSTEC) Hannah Mandel (NYSTEC) |
| 5 | Lunch | 12:05 – 12:50 | |
| 6 | Consumer Update <ul style="list-style-type: none"> Honest Health Consumer Engagement | 12:50 – 1:20 | Natalie Helbig Emilio Galan (Honest Health) |
| 7 | QE & DSRIP PPS Integration | 1:20 – 1:50 | Kathy Miller (Bronx RHIO) |
| 8 | Discussion and Next Steps | 1:50 – 2:00 | James Kirkwood |

Opening Remarks

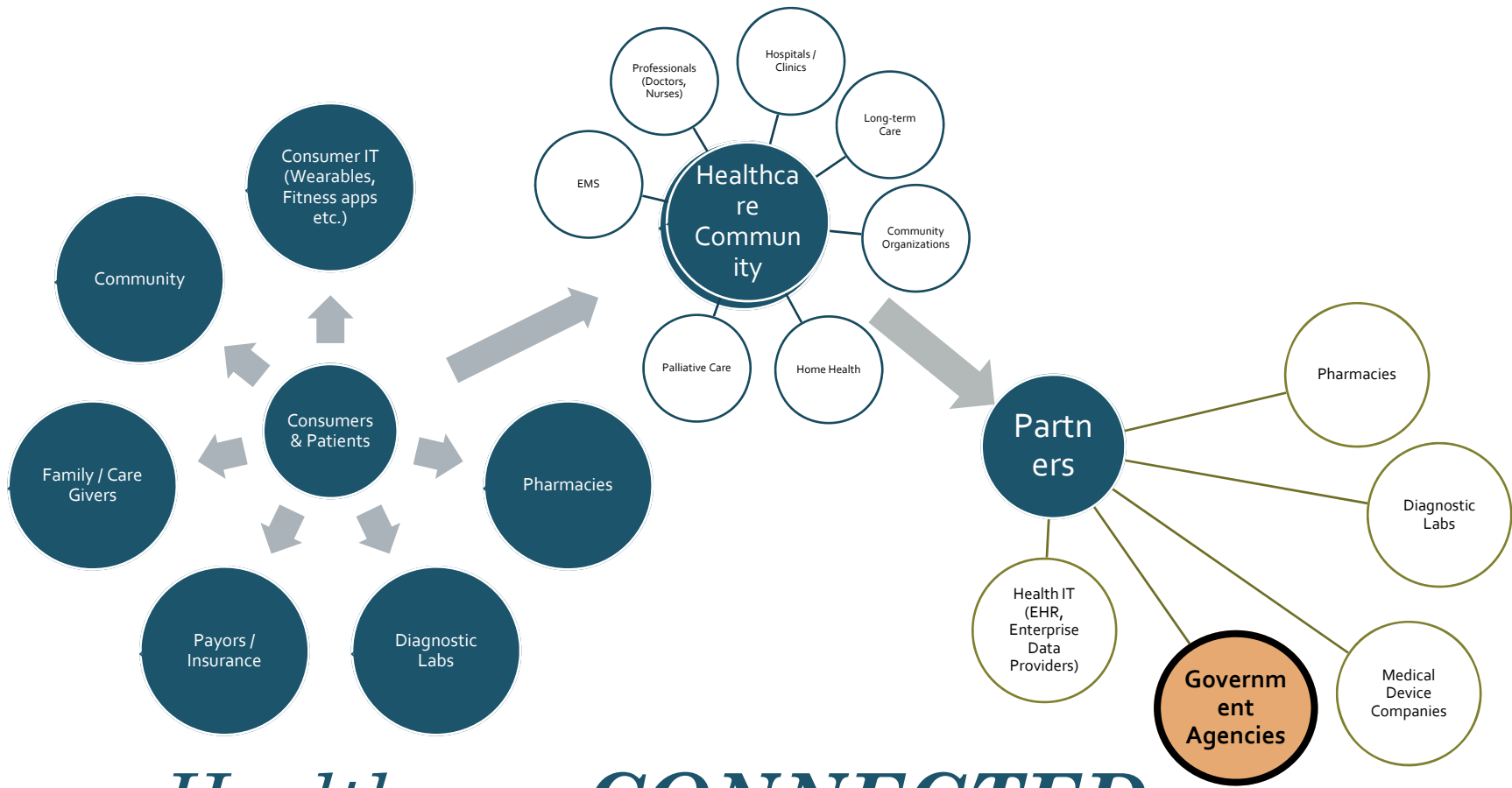
Cybersecurity and Incident Response

PROTECTING OUR CONNECTED LANDSCAPE

And promoting a culture of sharing...



**Department
of Health**



Healthcare **CONNECTED** Eco system

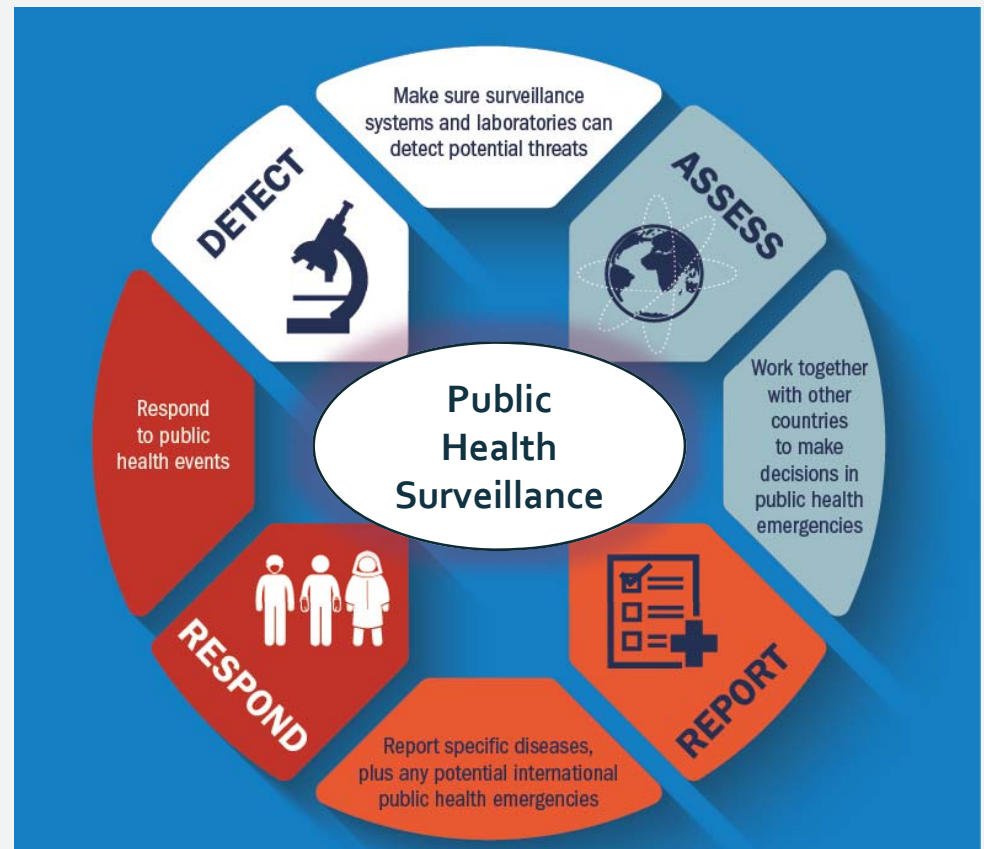
Challenges raised by the healthcare community?

How accurate
are these
observations?

- Need for modern Data Xchange mechanism for sharing data with the Department
 - Direct integration with EHR systems to improve timeliness and quality of data
 - Presentation of data such as immunization, PMP data as part of the workflow
 - Reduce / Eliminate duplicate data entry
- Better patient record matching mechanisms to enable sharing of information across healthcare and the extended partners engaged in the care of patients (community and other support organizations)
- Better coordination during cyber events
 - Incident reporting – single reporting solution to meet State cyber and public health requirements
 - Easy access to resources - pre-negotiated contracts that could be tapped to respond to cyber events
 - Increase general awareness of the evolving cyber threats, and create a forum to share lessons learned

Drawing the parallel to Public Health Surveillance

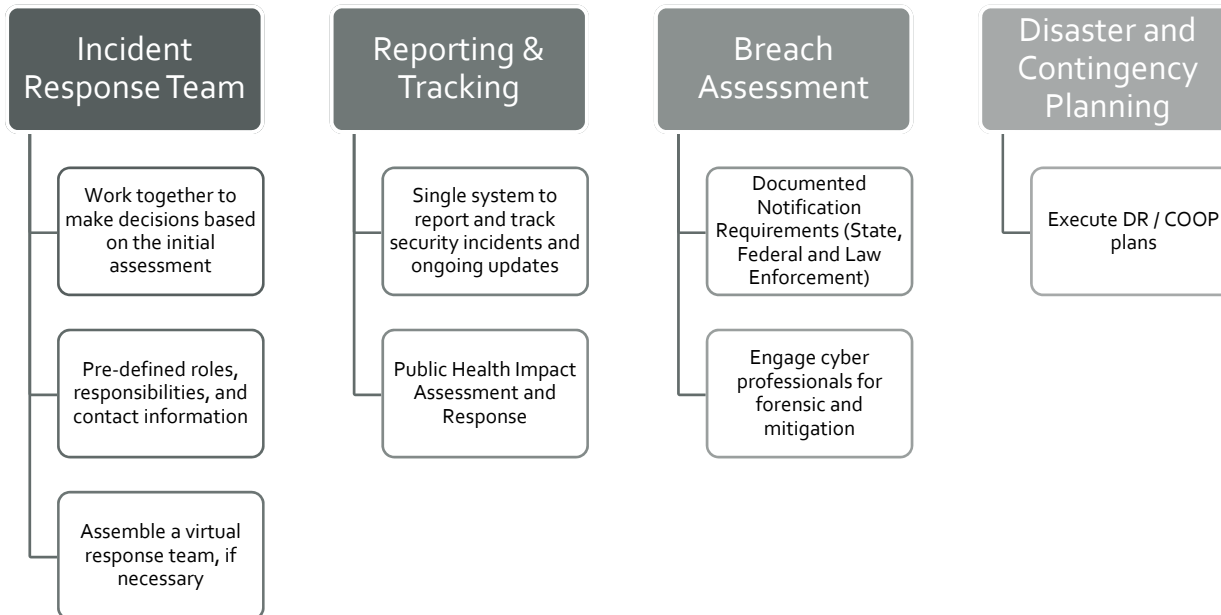
| | |
|----------|---|
| Identify | Business Environment & Governance Risk Management Strategy |
| Protect | Access Control & Data Security Awareness and Training |
| Detect | Anomalies and events Report and Share with others |
| Respond | Response planning & Mitigation Communication |
| Recover | Recover planning & Improvements Communication |



International Health Regulations (IHR) Infographic – Center for Disease Control

?

Coordinated Incident Response





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SHIN-NY Update

QE Performance-Based Contracting Update

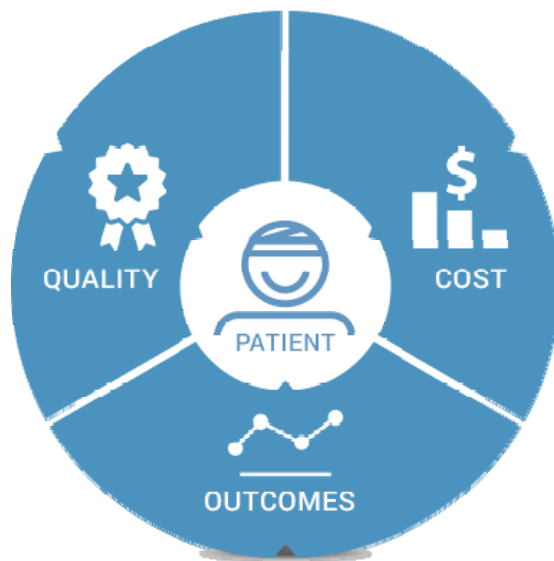
DOH HIT, Transparency, & Evaluation Committee

Valerie Grey
December 14, 2017

What's the 2020 SHIN-NY Vision?

- Network hits critical mass & vast majority of providers are satisfied users
- Dramatically improved healthcare – better health and lower costs
- Functionality & usability is enhanced and data/information is expanded
- Consistent level of high quality service is provided throughout the State
- Re-engineered system that avoids duplication and inefficiencies
- Modern technology is incorporated and digital health is advanced
- Policy changes are made and financial stability is possible because everybody is in and important clinical information is reliable and usable
- Collective advocacy results in positive change

SHIN-NY: It's About Achieving the Triple Aim



- 57% reduction in patient readmissions within 30-days after hospital discharge
- 30% fewer emergency department admissions
- 52% reduction in laboratory tests and a 36% reduction in the estimated number of radiology exams
- 25% fewer repeat images within 90-days of first imaging procedure

[NYeC website compilation of articles on value:
http://www.nyehealth.org/shin-ny/value-of-hie/](http://www.nyehealth.org/shin-ny/value-of-hie/)

SHIN-NY: Current Usage



OVER 26.2 MILLION
Alerts Delivered



OVER 5.4 MILLION
Patient Record Returns
(Via EHR & Clinical Viewer)



OVER 52.5 MILLION
Results Delivered

SHIN-NY: Current Statistics

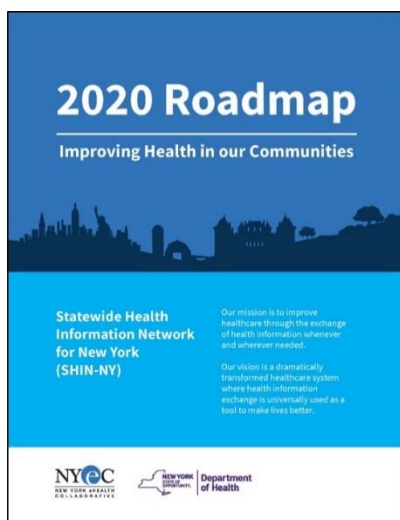
| Metric | Statewide Average as of 10/31/17 | Low (of 8 QEs) | High (of 8 QEs) |
|--|----------------------------------|----------------|-----------------|
| Participating hospitals | 100% | 98% | 100% |
| Participating skilled D&TCs, FQHCs, nursing facilities, home care, hospice | 69% | 55% | 85% |
| Participating physicians | 58% | 42% | 90% |
| Unique patient consent for at least one provider | 55% | 29% | 103% |
| New higher-level data completeness & quality for hospitals | 10% | 0% | 47% |
| New higher-level data completeness & quality for other regulated entities (ORE)* | 3% | 0% | 22% |
| New higher-level data completeness & quality for physicians | 4% | 0% | 19% |



Participation defined as having signed a participation agreement

* D&TCs, FQHCs, SNFs, home care, and hospice

2020 Roadmap -- Five Basic Strategies



1 Ensuring Strong HIE Foundation

2 Supporting Value-Based Care (Tools, Supports, and Services)

3 Enabling Interoperability and Innovations

4 Promoting SHIN-NY Efficiency and Affordability

5 Advocating Collectively

Strategy 1: Strong Foundation

Ambitious Goals used in Performance-Based Contracting

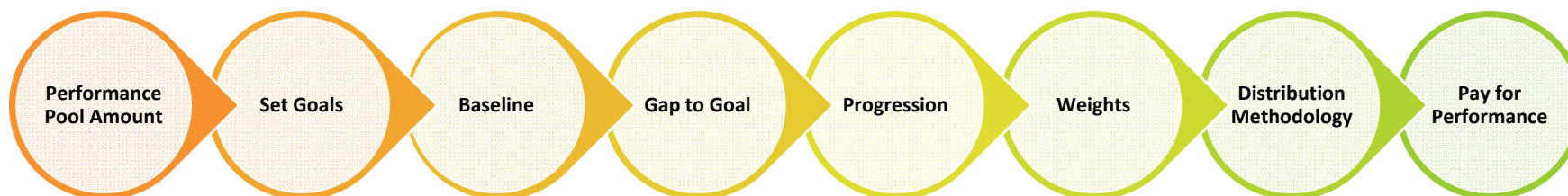
- Adoption:
 - 100% participation by hospitals
 - 70% participation by other provider types
 - 100% full data contribution by hospitals
 - 70% full data contribution by other provider types
 - Consent:
 - 95% for opt-out system & TBD for opt-in system*
 - SHIN-NY Utilization
 - Enterprise Availability
 - Customer Satisfaction
- Performance payments 2018-2020
- Pay-for-reporting for 2018 while work done on measures
- Performance payments start for these metrics in 2019 and 2020



Performance Payments & Dedicated Funding

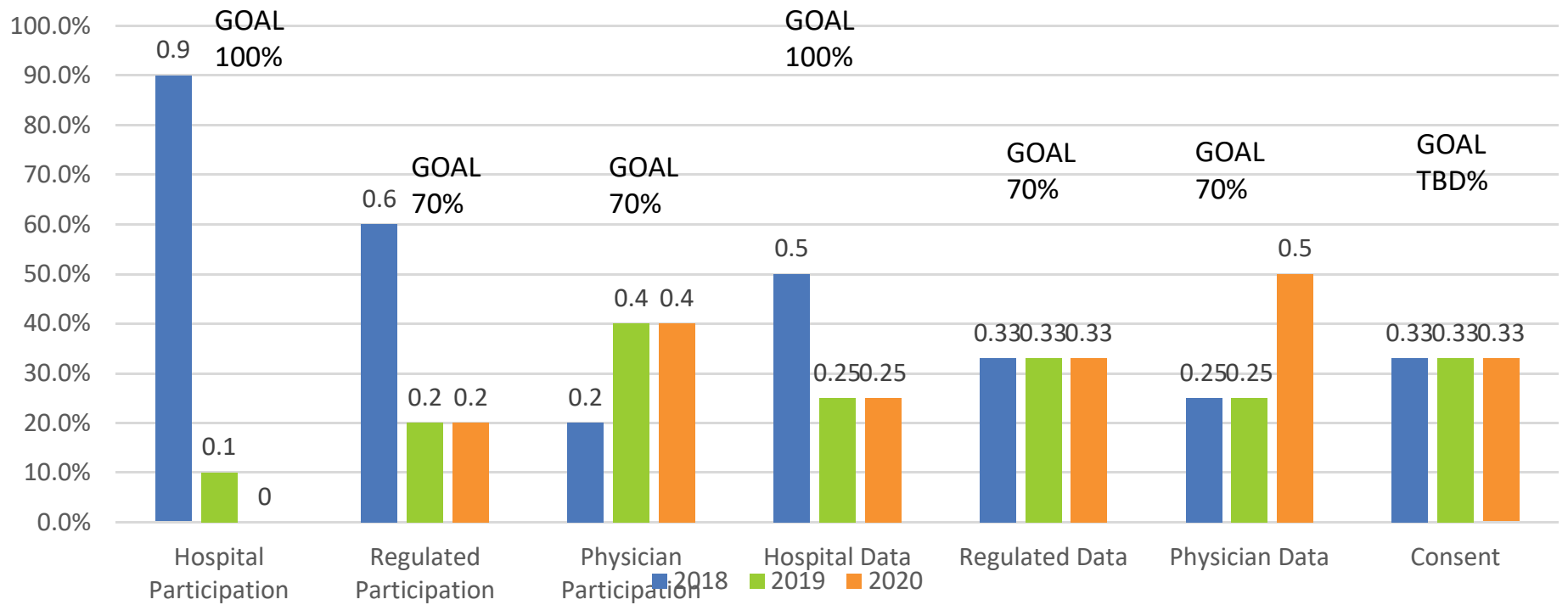
In SFY 2018-19, approximately \$8.3M in performance payments will be based on:

- Attainment of goals and targets
- Some partial credit will be allowed
- Unearned performance funding will be allocated to high performers
- Performance monitoring and early warning reports will be developed



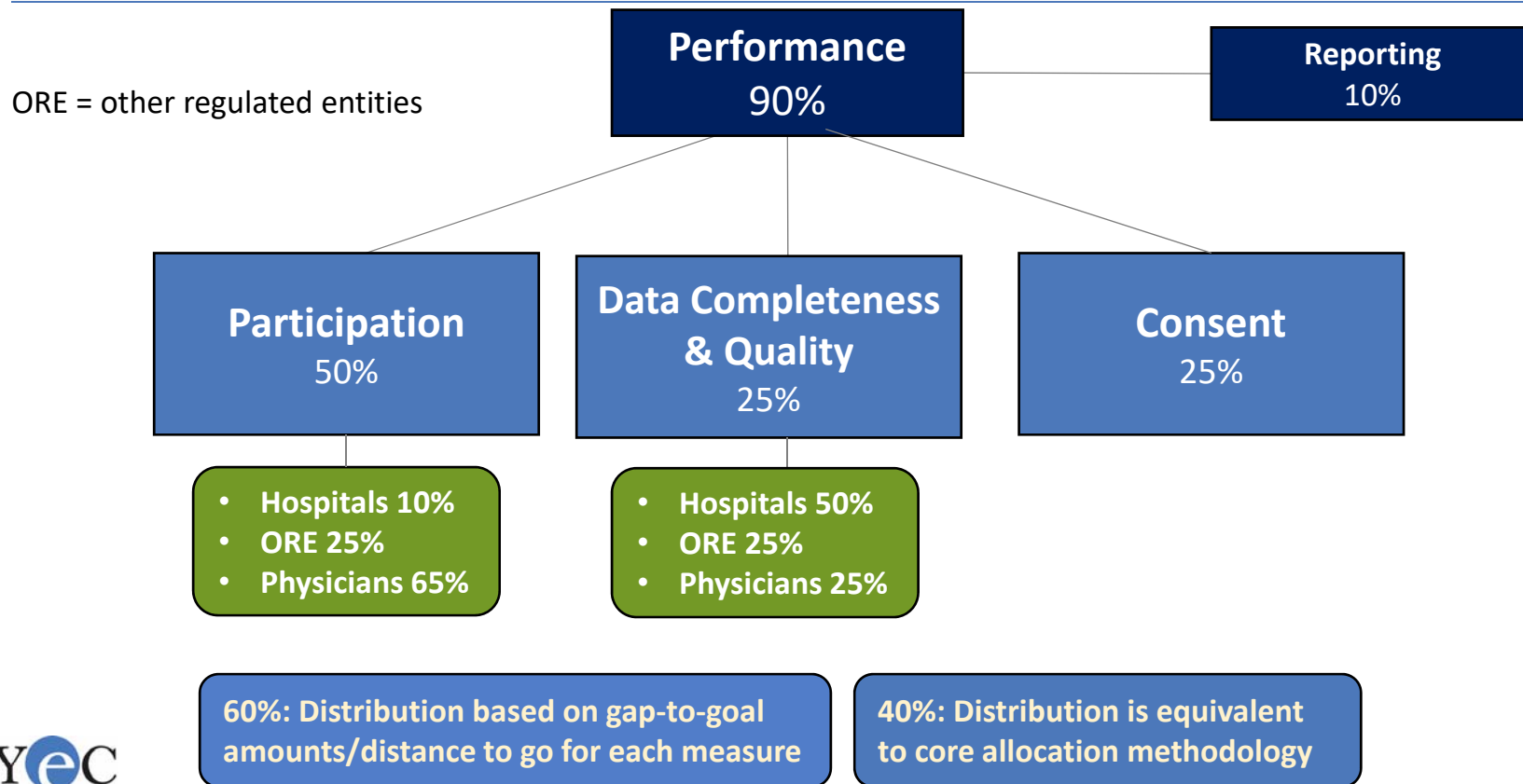
- In SFY 2018-19, almost \$5 million will be provided for security and quality measurement

Gap-to-Goal Progression Over the Next 3 Years



2019 & 2020 gap to goal will also include other measures such as SHIN-NY usage, enterprise availability, and customer satisfaction

Performance Payments Gap-to-Goal Weights



High Gap Closure (HGC) Assistance

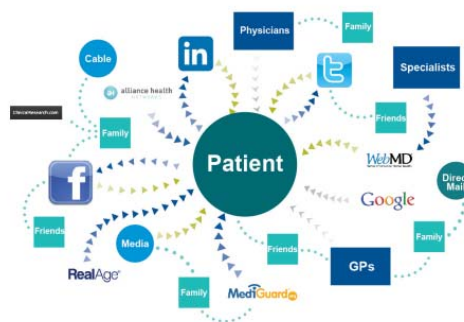


- Up to \$2M in QE funding would be provided to QEs needing additional funding to achieve closure of high gaps
 - Only QEs with significant gaps-to-goals (primarily participation and consent) are eligible to apply
 - Funding would be awarded based on applications demonstrating new and creative approaches to tackling significant gaps
 - Partnerships with QEs that have demonstrated success in adoption, data contribution, and consent are strongly encouraged
 - HGC is not part of permanent base funding
 - If a QE receives HGC funding, they cannot also receive I&I

Strategy 3: Enabling Interoperability and Innovations

Investments in process or technology interoperability & innovations via competitive applications to promote market-based solutions:

- Patient engagement tools
- Value-based care tools/services*
- HL7 FHIR pilot/discrete data
- Blockchain
- Artificial intelligence
- Machine learning
- Natural language processing
- Others



In SFY 2018-19, up to \$1.375M would be available for investments in process or technology that promote market-based solutions:

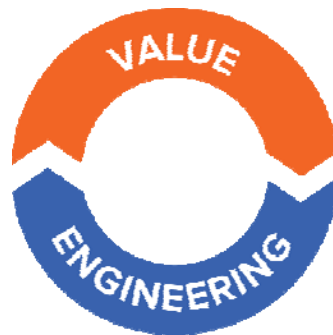
- Must align with statewide goals
- Work and results shared statewide
- QE partnerships encouraged
- Local match required
- Does not become part of permanent base funding
- If a QE receives HGC funding they are ineligible for I&I

Strategy 4: Promoting Efficiency and Affordability

Core Allocation to Encourage

- Group purchasing
- QE specialization
- Standardization
- Shared services
- Potential QE mergers

Also, a new state policy of “wire once” & “pay once”



Core Allocation provides:

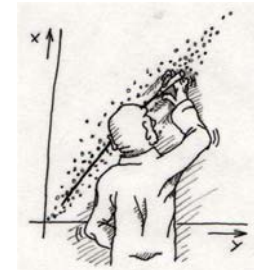
- Formulaic method to distribute finite resources -- not intended to represent payment for “costs” or “budgets” but reasonable allocation
- QEs more flexibility* & ease administrative burden

Core allocation begins to address funding variation across the state

*Within statutory and regulatory requirements and with anticipated audits

Core Allocation

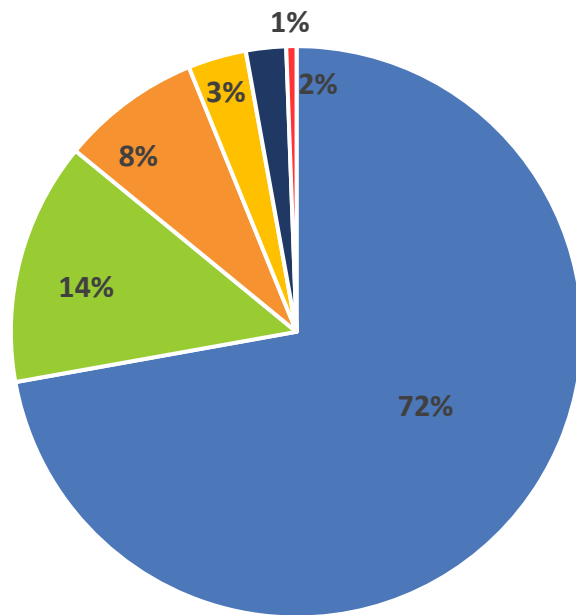
- Uses an objective methodology to allocate funds based on the number of participants (as of 10/31/17) by providing
 - a per participant rate
 - while also incorporating the concept of efficiency of scale with an intercept or base rate
- Guardrails of plus or minus 15% are applied*
- If QE hits upper guardrail then a spending plan that includes efficiency measures must be approved by NYeC and DOH
- After 10/31/17, an extraordinarily large physician group joined the Bronx RHIO and to address this \$350K is set aside in a reserve



* To 80% of non-project 2017-18 budget

New Performance-Based Contracting NYeC and QEs

Estimated SFY 2018-19 QE Funding Distribution



| Category | Amount |
|-------------------------------|----------------|
| Core Allocation | \$43.73M |
| Performance Payments | 8.33 |
| Dedicated Funding | 4.80 |
| High Gap Closure | 2.00 |
| Interoperability & Innovation | 1.38 |
| Bronx Reserve | 0.35 |
| TOTAL | \$60.6M |

■ Allocation
 ■ Performance
 ■ Dedicated Funding
 ■ High Gap Closure
 ■ I & I Pool
 ■ Bronx Reserve

The Out Years ...

- Original intent was to develop and formulate detailed multi-year plan
- Given the level of change and many moving parts, now think:
 - Learn from Year 1, provide some leeway for adjustments
 - Stay true to overall strategy and outline of PBC presented to NYeC board and contained in DOH & NYeC approved Roadmap report and slides, and increase proportion associated with performance and achieving goals and deliverables
- Work on sustainability plans – will begin in January 2018



Long-Term Sustainability

- Sustainability efforts needs to be a 3-legged stool
 - Efficiency/cost reductions
 - Revenue opportunities
 - New ways of thinking and doing business
- NYeC will work with all stakeholders, including:
 - QEs
 - Advisory groups/stakeholders/providers, plans, consumers
 - Government/elected officials





nyehealth.org

STAY CONNECTED WITH NYeC

Sign up for our newsletter, follow us on Facebook and Twitter, and Join our LinkedIn group.

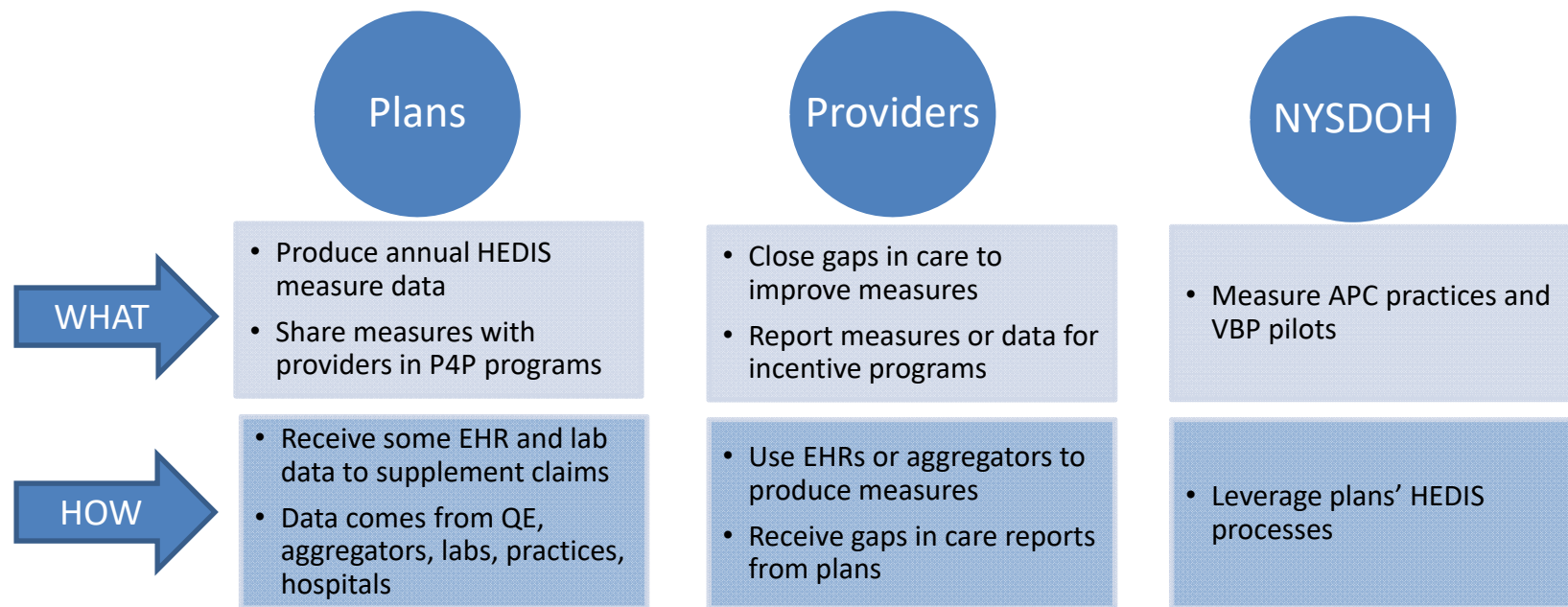


40 Worth Street, 5th Floor New York, New York 10013
80 South Swan Street, 29th Floor Albany, New York 12210

Health IT Integrated Quality Measurement

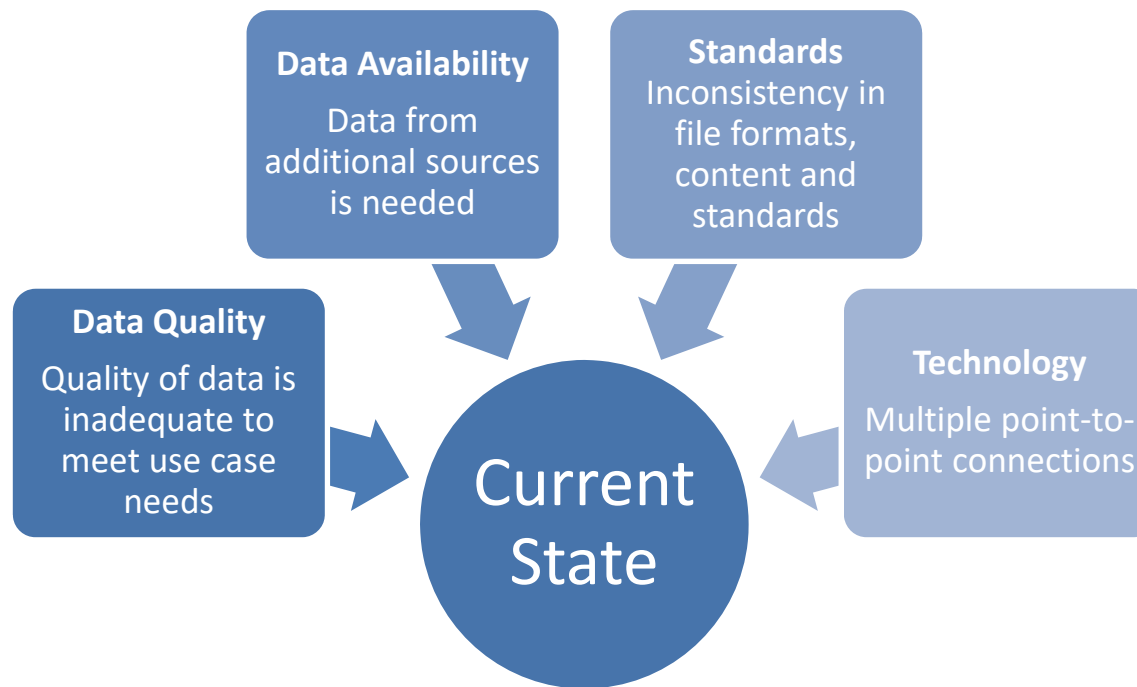
HIT-Enabled Quality Measurement

What Do Organizations Need to Do and How Are They Currently Doing it?



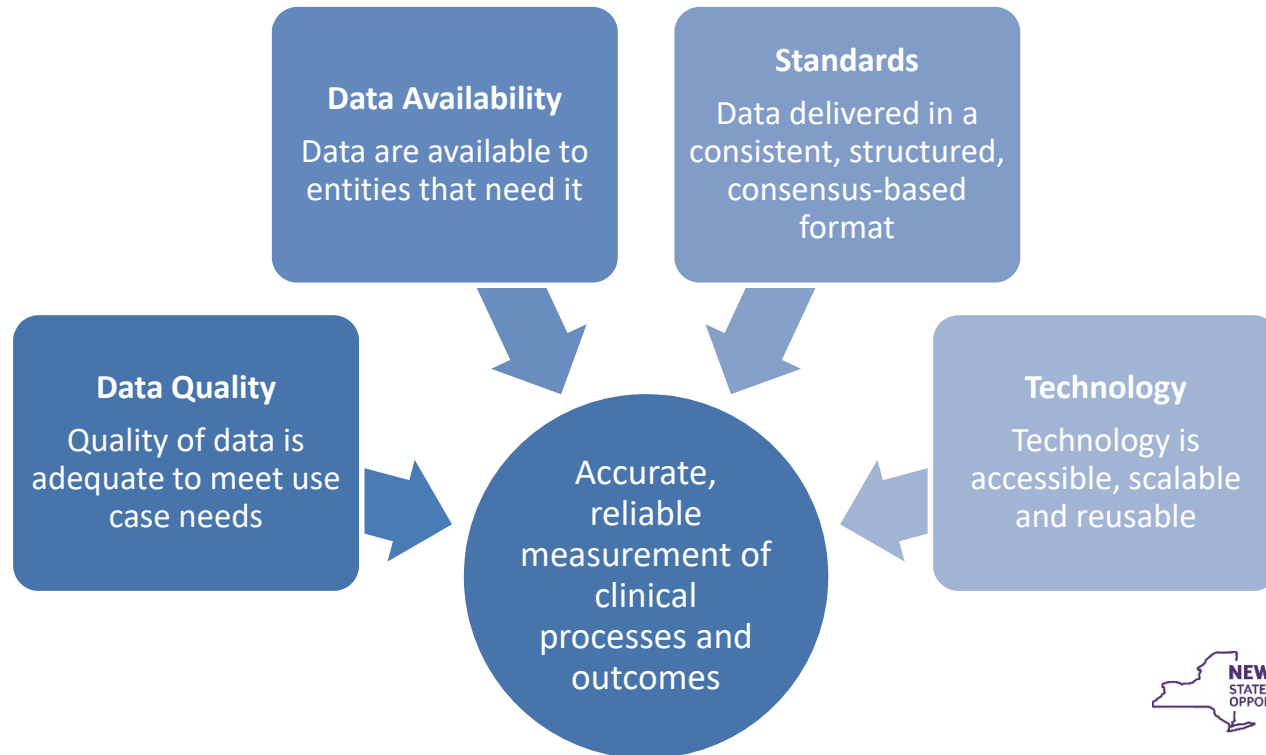
HIT-Enabled Quality Measurement

Characteristics of the Current State



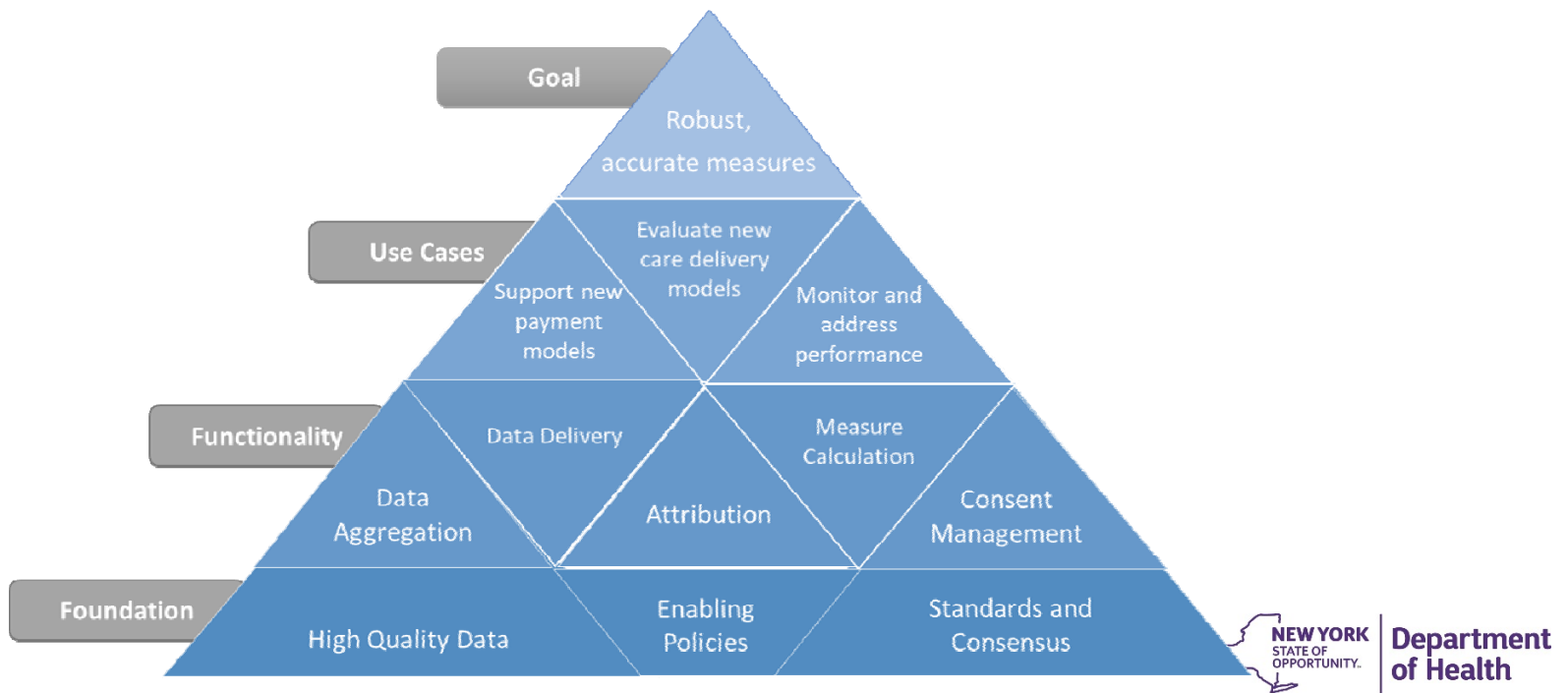
HIT-Enabled Quality Measurement

Characteristics of the Future State



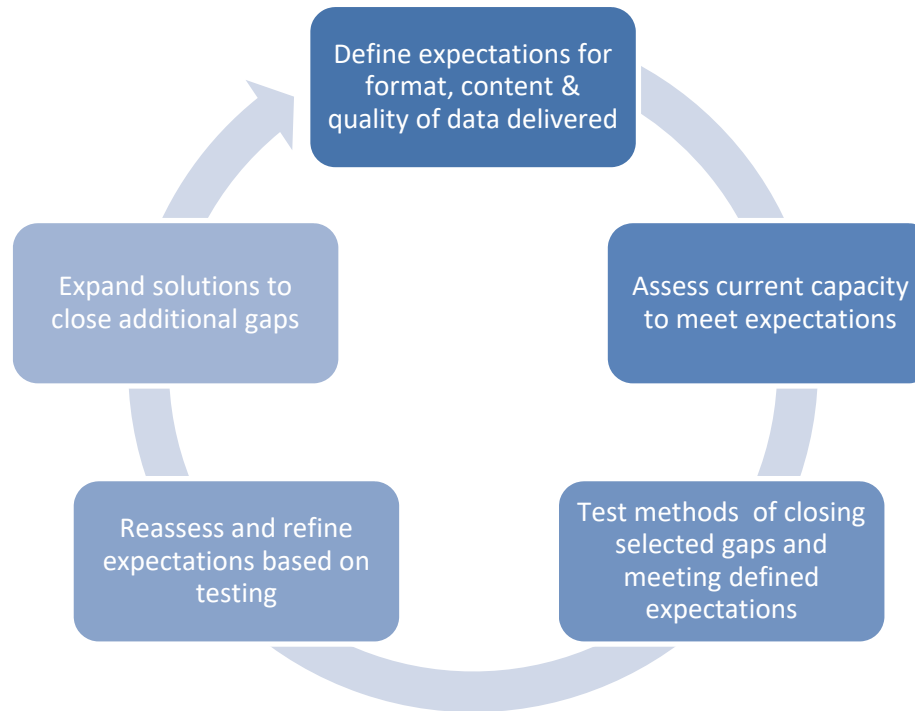
HIT-Enabled Quality Measurement

Future State Building Blocks



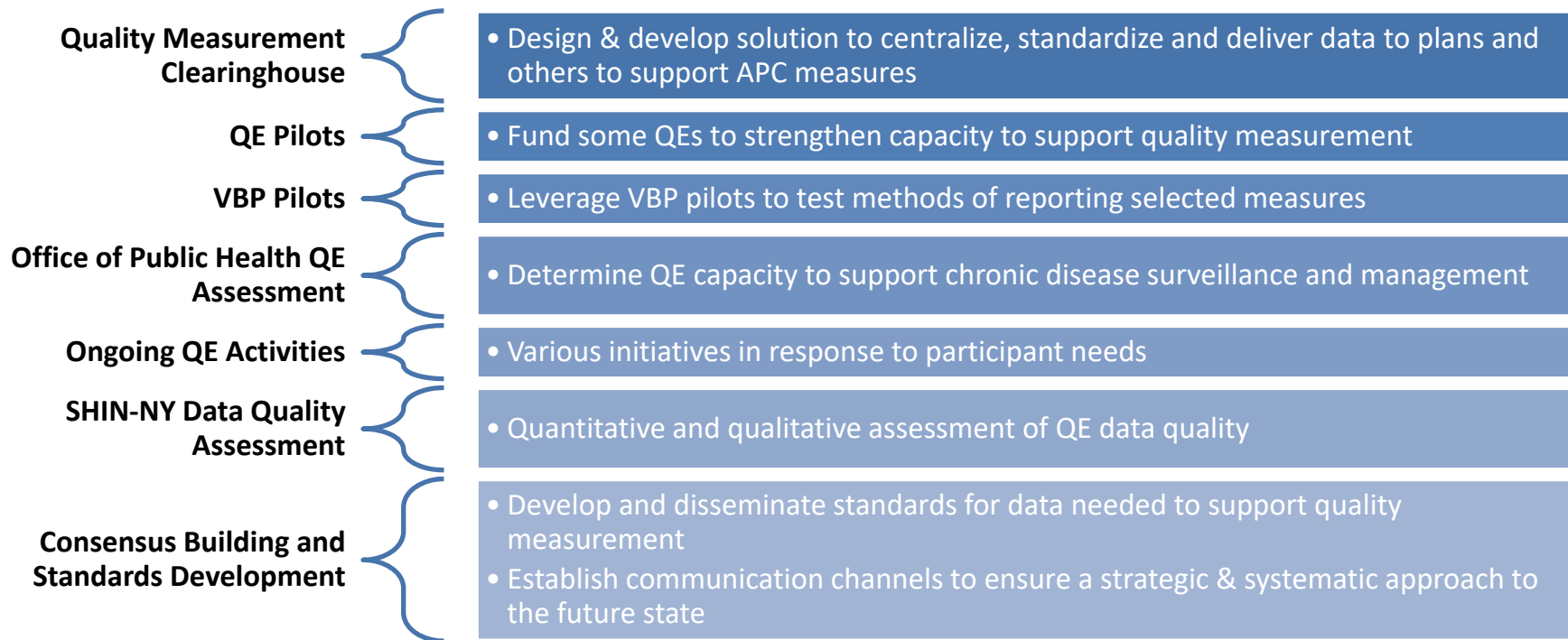
HIT-Enabled Quality Measurement

Path to the Future State



HIT-Enabled Quality Measurement

Path to the Future State – Related Projects



SHIN-NY Data Quality Assessment

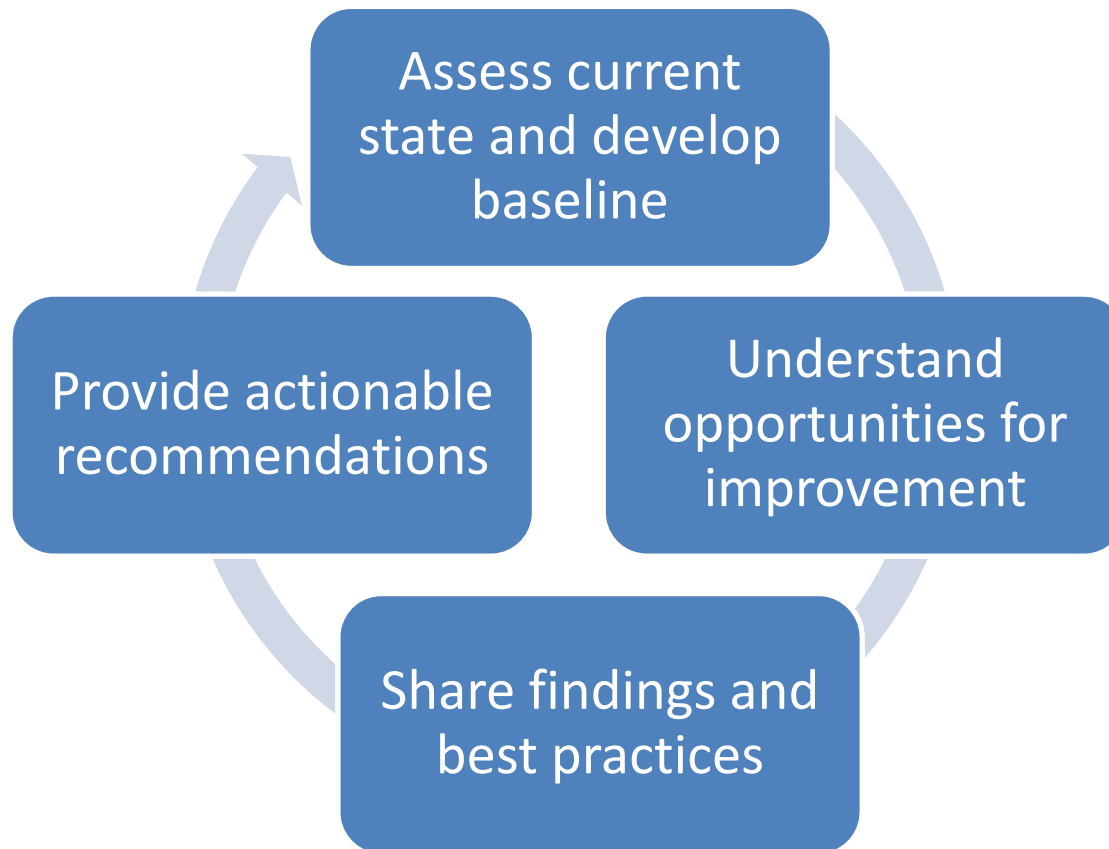
SHIN-NY Data Quality Assessment

Background

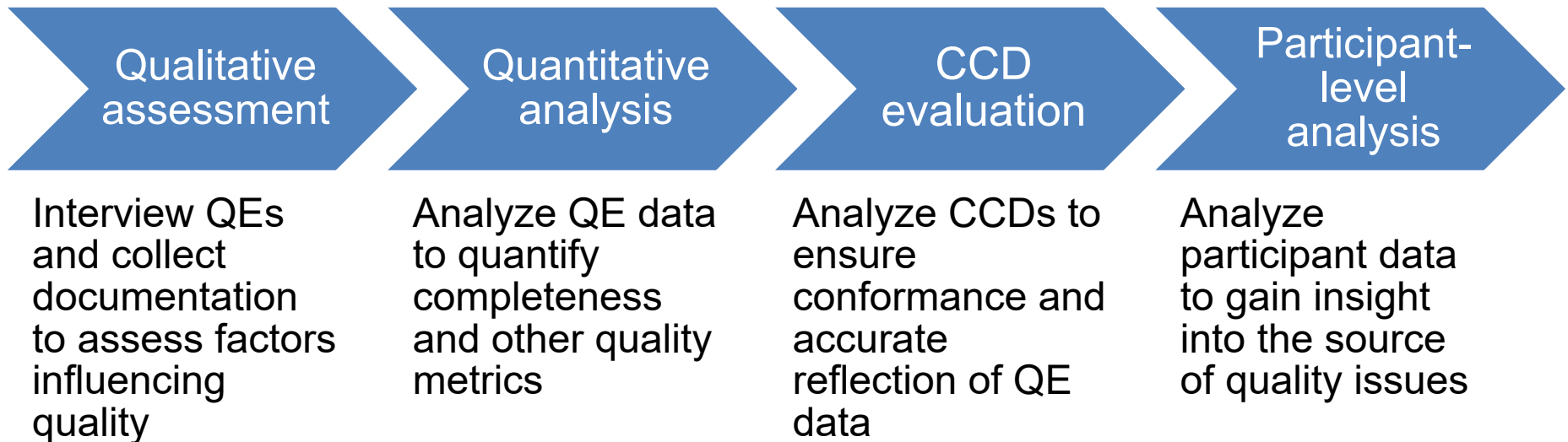
- Robust data quality is integral to ensuring value of the SHIN-NY for multiple uses:
 - Clinical care
 - Public health initiatives
 - Quality measurement
 - DSRIP
 - Transition to value-based payment
- Necessary to evaluate the current state of data quality across the SHIN-NY to inform improvements

SHIN-NY Data Quality Assessment

Objectives



SHIN-NY Data Quality Assessment Components



SHIN-NY Data Quality Assessment

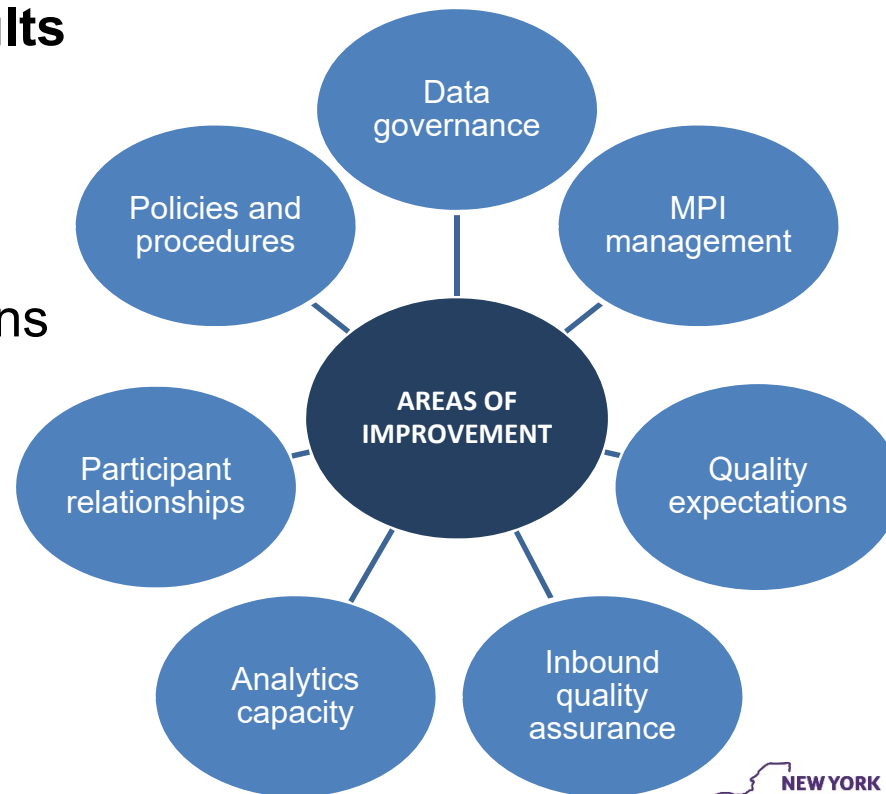
Qualitative Assessment

| | | | | |
|--------------------------------|---------------------------------|-------------------------------------|-------------------------|---------------------------|
| Staffing and training | Prioritization of data quality | Presence of policies and procedures | Data governance | Data quality expectations |
| Current and planned activities | Inbound quality assurance | Outbound quality assurance | Patient matching | Capacity for analytics |
| Data standardization | Provider information management | Participant information management | Technical documentation | Operational metrics |

SHIN-NY Data Quality Assessment

Qualitative Assessment Results

- Described areas of improvement
- Recommended QE actions in each area to reach the next stage in maturity



SHIN-NY Data Quality Assessment

Qualitative Assessment Results

- Gauged progress against the Data Quality Maturity Model



- Most QEs are at a “repeatable” stage
 - Approach to data quality assurance is largely reactive
 - Some policies and procedures are documented
 - Few formal data governance activities, quality expectations and definitions

SHIN-NY Data Quality Assessment

Next Steps



- Developing methodology and metrics to evaluate within QEs' databases
- QEs unable to provide data access will help develop and execute a remediation plan

- Improvement priorities
- Best practices and lessons learned
- Requirements for tracking progress on quality goals

Break for lunch

Consumer Update



NY Health Nexus



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Chief Executive Officer
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ABOUT US

HonestHealth performs evaluation, design, and software development exclusively for health care transparency efforts.



BACKGROUND

on the challenges for consumers and the
thinking behind Nexus.

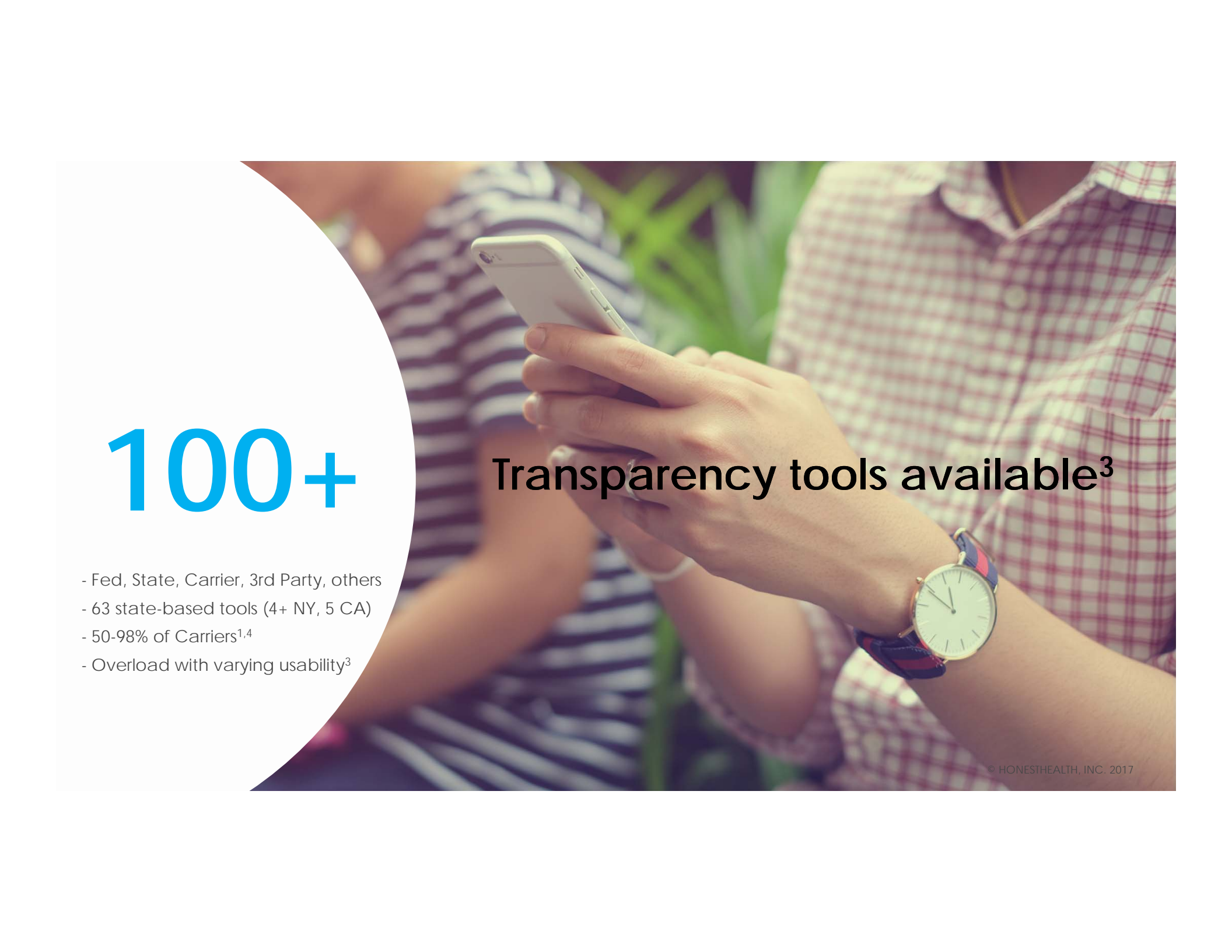




70%

Today's patients are searching¹

- 70% search price or quality¹
- 56% search for out-of-pocket²
- Increases to 74% with deductible²



100+

Transparency tools available³

- Fed, State, Carrier, 3rd Party, others
- 63 state-based tools (4+ NY, 5 CA)
- 50-98% of Carriers^{1,4}
- Overload with varying usability³



51%

Report not knowing where to go²

- 63% there's not enough info²
- Only 17% have visited state sites²
- 2% use carrier site though 75% would recommend it after using⁵

Consumers aren't finding the information they are looking for because:

1. It is difficult for consumers to navigate the existing myriad of available tools to find useful information based on the unique circumstances and needs;
2. The available tools do not currently have all of the information consumers would find useful.

HEALTH NEXUS

A **centralized resource** to help navigate health care consumer needs that leverages a curated set of useful state, federal, carrier, and 3rd party tools.

Consumers trust their state to provide a tool and NY is uniquely positioned to do so.



Services

News

Government

Local

Location

Translate

Department of Health

Individuals/ Families

Providers/Professionals

Health Facilities

Search

Contact Us

Welcome to NY Health Nexus. How can we help?

Look-up provider quality, drug prices, insurance ... >

Common Searches

Compare hospital quality

How much will my knee surgery cost?



Services

News

Government

Local

Location

Translate

Department of Health

Individuals/ Families

Providers/Professionals

Health Facilities

Search

Contact Us

Welcome to NY Health Nexus. How can we help?

Find a new primary care doctor



Common Searches

How good is my hospital

How much will my knee surgery cost?



Services

News

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Local

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Individuals/ Families

Providers/Professionals

Health Facilities

Search

Contact Us

Welcome to NY Health Nexus. How can we help?

Compare hospital quality >

Common Searches

Prescription costs

How much will my knee surgery cost?



Services

News

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Department of Health

Individuals/ Families

Providers/Professionals

Health Facilities

Search

Contact Us

Welcome to NY Health Nexus. How can we help?

How much will my knee surgery cost >

Common Searches

Doctor to perform knee surgery

How much will my knee surgery cost?



Services

News

Government

Local

Location

Translate

Department of Health

Individuals/ Families

Providers/Professionals

Health Facilities

Search

Contact Us

Welcome to NY Health Nexus. How can we help?

Buy health insurance



Common Searches

Find in-network cardiologist

How much will my knee surgery cost?



Services

News

Government

Local

Location

Translate

Department of Health

Individuals/ Families

Providers/Professionals

Health Facilities

Search

Contact Us

Welcome to NY Health Nexus. How can we help?

Estimate how much my prescription will cost



Common Searches

How good is my hospital

How much will my knee surgery cost?



Services

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Providers/Professionals

Health Facilities

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Contact Us

Welcome to NY Health Nexus. How can we help?

Find a new primary care doctor

Do you know what insurance you have?

- I don't know
- Uninsured
- Medicare
- Medicaid
- Commercial insurance
- Insurance from my employer
- Aetna
- Fidelis
- Empire United Plan



Services

News

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Providers/Professionals

Health Facilities

Search

Do you know what insurance you have?

I don't know

Okay. Try these to find a new primary doctor:

State Resource 1

Description

3rd Party Resource

Description

Fed Resource 1

Description

Contact Us

Start a new search



Services

News

Government

Local

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Department of Health

Individuals/ Families

Providers/Professionals

Health Facilities

Search

Do you know what insurance you have?

Contact Us

Fidelis PPO II

Okay. Try these to find a new primary doctor:

Carrier Resource 1

Description

State Resource 1

Description

3rd Party Resource

Description

Start a new search

Welcome to NY Health Nexus. How can we help?

Contact Us

Search here...

near New York, NY



Provider Quality

Provider quality may vary for numerous services and may impact the care you receive



Find In-Network Care

In-Network providers are contracted by your insurance company to provide care to you.



Estimate Costs

Health care costs can be high which is why it is important to understand what your costs might be.



Health Insurance

Health insurance can help pay for health care costs and provides coverage for unexpected care.

Search from the A-Z Directory or Type in Your Search

NEXT STEPS

1. Scope of Consumer Use Cases
2. Curated List of Tools
3. Finalize Designs
4. Prototyping

This is a beginning. What we imagine is a **place that New Yorkers can turn to no matter what the health care consumer need is** and leverages existing efforts rather than replaces them. Our hope is that with this centralized, connecting resource for health care consumers in New York, the state will be better positioned to determine the next steps to best meet the needs of its residents. This could be through providing better data to existing tools (whether through open data or partnerships), improving usability of existing state tools, and lastly developing novel tools as required.



THANK YOU

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Chief Executive Officer
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QE & DSRIP PPS Integration



BRONX Regional Health Information Organization

HIT, Evaluation and Transparency
Work Group Meeting

December 14, 2017



Who We Are

- A non-profit regional health information exchange organization established in 2005
- Bronx Regional Informatics Center (BRIC), created in 2012, to provide analytic services
- Our Services
 - Integrate data from member sites and other sources
 - Allow authorized individuals to access patient info
 - Manage and report on populations and quality measures
 - Send alerts to providers
 - Deliver key reports on behalf of members
 - Ensure member compliance with privacy, security, training, auditing, and use
 - Assist members in data quality management
 - Provide DIRECT secure messaging
 - Serve as on-ramp to SHIN-NY
 - Provide analysis and reporting for quality improvement & gaps in care



Bronx RHIO Functions

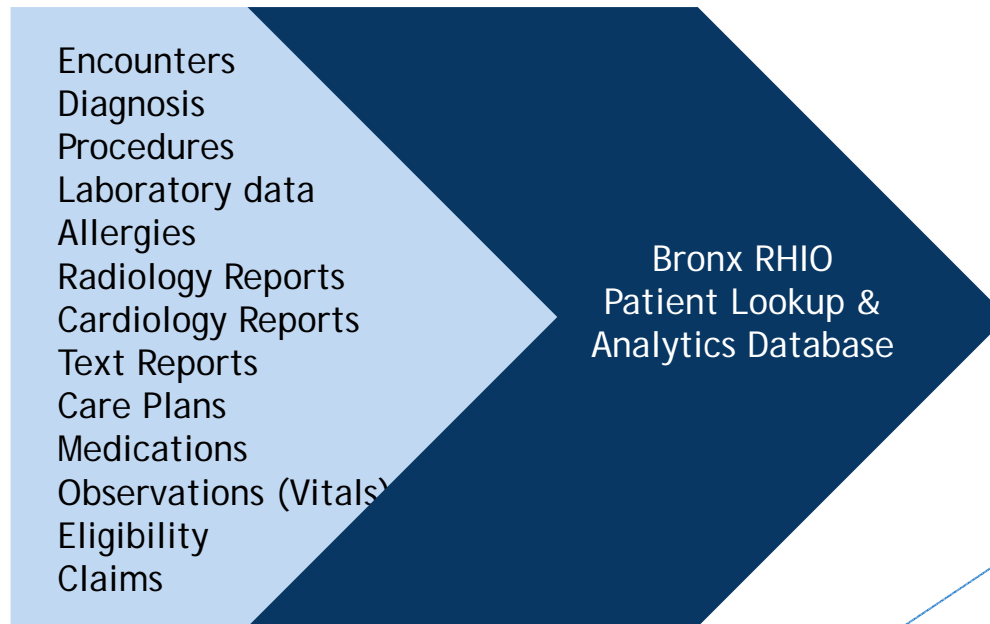
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|---|--|
| RHIO-Wide Data Integration & Management | State-wide HIE Network Services |
| User Access & Consent Management | Population Health Analysis & Reporting |
| Virtual Health Record (VHR) Access | Registry Creation and Management |
| Registration Alerts via Subscriptions | Advanced Analytics |
| Referral Routing | Custom/Ad hoc Reporting |
| Data Availability Flags | Predictive Modeling |
| Care Management Plan Hosting | Claims Data Integration – In process |
| Direct Secure Messaging Accounts | Natural Language Processing |



Available Data

Data in the Bronx RHIO is constantly growing, expanding and improving
Data flows regardless of a patient's consent value

Data flows in real time to the VHR and downstream to the analytics database
for analytics



Bronx RHIO INFORMATICS CENTER

2012 - 2016
CMMI
Innovation
Award Project

- Database Creation
- Data Normalization
- Pilot Interventions
- Evaluation

2015/16 - Present
DSRIP Support,
NYC DOHMH Projects and Analysis for
other RHIO Members

DSRIP:

- Identify Priority Measures & Data Needs
- Find Proxies for Missing Data
- Produce Work Lists of Patients by Site
- Plan to Obtain Missing Data Elements and Identify Sources:
 - Data to be Obtained from Members
 - Data Required from Claims/Other Sources

Future Plans

- Claims Integration
- Filled Med Data
- New Measures for DSRIP
- New Measures for ACO & MIPS



BRONX REGIONAL INFORMATICS CENTER

Creation of BRIC funded by CMS INNOVATION AWARD in 2012

Bronx RHIO Hypothesis

- ▶ Pushing Actionable Data from HIE to Providers can Improve Quality and Reduce Cost for Adult Chronic Disease Patients

Funded Activities

- ▶ Create analytics database infrastructure and load with historical data
- ▶ Identify and engage pilot sites to have RHIO push data to them on chronic disease patients with high utilization or other risk factors
- ▶ Data collection was limited to information about patients whose data was pushed to sites; study did not include evaluating how the site used the data

Evaluation Results

- ▶ RTI (hired by CMS) and Weill Cornell (hired by RHIO) both concluded that patients whose providers received RHIO data through this project had statistically significant reductions in acute service utilization and cost for readmissions and preventable ED visits with related cost reductions to Medicare of >\$ 9 million

Data Normalization

Challenges

- ▶ Transformation of data in messages was different from VHR transformations
- ▶ Message contents required validation to ensure no lost information
- ▶ Mapping data into consistent fields across 25 data sources
 - ▶ Requires site participation from all sites
- ▶ Maintaining accurate mapping as sites made changes to their systems
- ▶ Tracking inconsistencies in data elements sent by various sites and their possible effect on analysis
- ▶ Data in text blobs could not be parsed

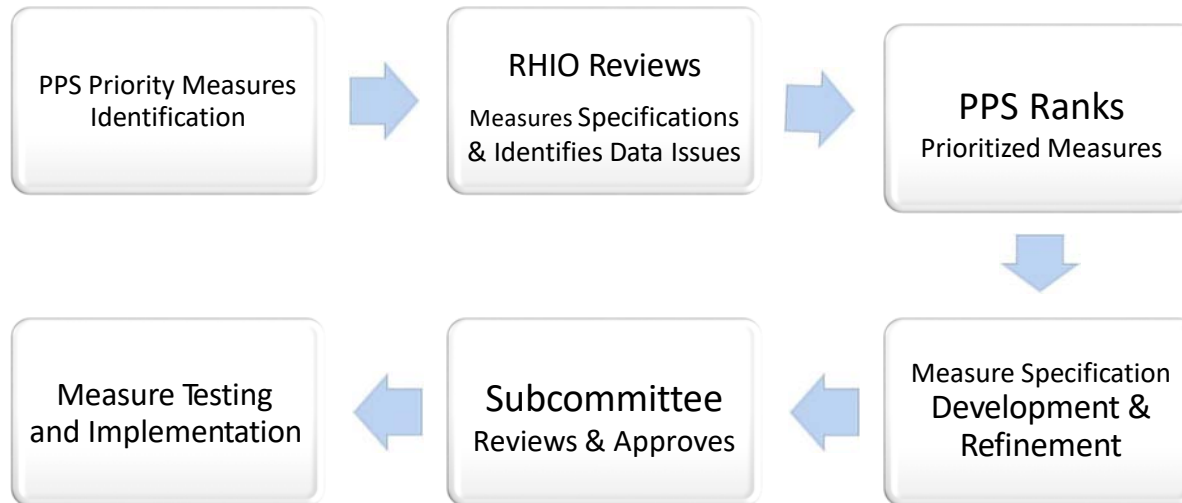
Scaling Activities for PPS Support

- ▶ Contracted with two PPS Leads to provide analytics and measurement based on success in CMMS project
- ▶ Users now have online access to Work Lists based on HEDIS measures for:
 - ▶ Diabetes
 - ▶ Hypertension
 - ▶ Mental Health
 - ▶ Asthma
- ▶ Working to bring in 20 additional data elements from sites needed to expand from the HEDIS measures we now track

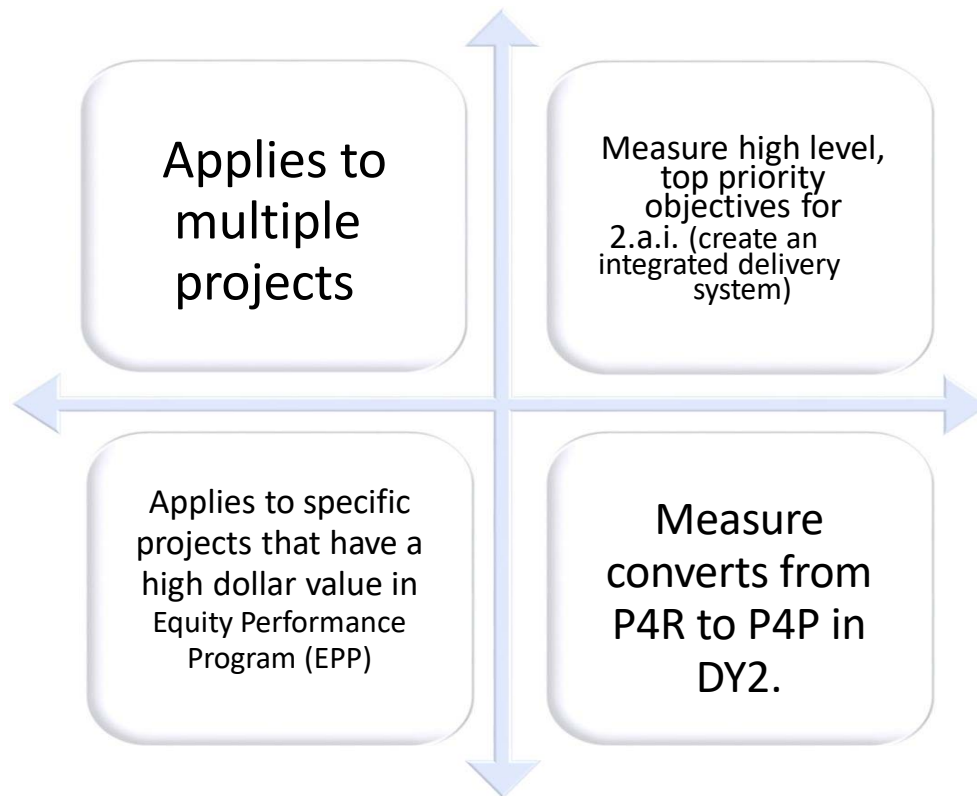
Measures Implementation Process



Measures Implementation Outline for Process



Measures Prioritization Criteria





Measures Report Design Process

- RHIO staff review technical specs for each measure compared to available data to identify missing elements/data issues
- RHIO staff suggest possible proxies for missing or poor quality data
- Proxy suggestions reviewed by Measures Subcommittee and accepted and/or revised, then sent to Clinical Committee
- RHIO completes set-up of measure with approved proxies and tests comparison to state-calculated baselines/reports
 - If RHIO-calculated measure is match or near baseline, share with Measures Subcommittee for review
 - If RHIO-calculated measure is not a match to baseline, investigate why and adjust measure sources/calculations to identify why and how to resolve, if possible.
- Once finalized, RHIO will produce measure reports. Output will be lists of patients needing ACTION to meet measure criteria



DSRIP P4P and P4R Measures Bronx RHIO Has Done

| Measure | Data elements/ Description/Source |
|---|--|
| Comprehensive Diabetes screening - All Three Tests (HbA1c, dilated eye exam, nephropathy monitor) | HEDIS 2016 |
| Diabetes Monitoring for People with Diabetes and Schizophrenia | HEDIS 2016 HEDIS 2016 HEDIS 2016 |
| PQI # 1 (DM Short term complication) | AHRO 4.4 |
| PQI # 7 (HTN) | AHRO 4.4 |
| PQI # 13 (Angina without procedure) | AHRO 4.4 |
| PQI 14 - Pediatric Asthma +/- | AHRO 4.4 (NOF # 0728) |
| HEDIS Access/Availability of Care; Use of Services*** See below for prioritization details | HEDIS 2016 |
| PQI # 15 Younger Adult Asthma | AHRO 4.4 |
| Cardiovascular Monitoring for People with CVD and Schizophrenia | HEDIS 2016 |
| Follow-up after hospitalization for Mental Illness (7 Day) and 30 day | HEDIS 2016 |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | HEDIS 2016 |
| Actively Engaged Reports | |
| Lead Screening in Children | HEDIS 2016 |

REPORTS USING ALTERNATE CRITERIA

| Measure | Data elements/ Description/ Source | Alternate Criteria |
|---|--|-----------------------|
| Diabetes Screening for People with Schizophrenia/BPD Using Antipsychotic Medication | HEDIS 2016 | Prescriptions |
| Antidepressant Medication Management (<i>Acute Phase and Continuation Phase</i>) | HEDIS 2016 | Prescriptions |
| Follow-up care for Children Prescribed ADHD Medications (<i>Initiation Phase and Continuation Phase</i>) | HEDIS 2016 | Prescriptions |
| Controlling High Blood Pressure - <i>Interim report on patients with HBP diagnosis and no visit in past 11 months is being substituted for the HEDIS measure until BP data is available</i> | HEDIS 2016 | Visit history |

MEASURES UNABLE TO CALCULATE AT THIS TIME

| MEASURE | REASON | PLAN |
|---|------------------------|---|
| Potentially Avoidable Emergency Room Visits And Potentially Avoidable Readmissions | 3M Proprietary Formula | Pilot project to obtain results from 3M and integrate |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | SUBSTANCE USE | Q1 2018, IMAT supports Part2 Rules |
| Adherence to Antipsychotic Medications for People with Schizophrenia | NEED FILLED MEDS | Obtain Med History Data |
| Asthma Medication Ratio | NEED FILLED MEDS | Obtain Med History Data |
| Medication Management for People with Asthma (5 – 64 Years) <i>With ability to filter for 50% of treatment days and 75% of treatment days covered</i> | NEED FILLED MEDS | Obtain Med History Data |

Future Plans for Measurement Work

- ▶ Obtain and validate additional data elements from sites
- ▶ Mine existing text data for elements needed in structured fields
- ▶ Obtain data from outside sources to integrate
 - ▶ Medicaid Claims Data (fills in data source gaps)
 - ▶ Pharmacy/Medication History Data (real time)
 - ▶ Outbound site billing files (real time view of coded data)
 - ▶ HRA Homeless Status files

Key Implementation Lessons

- ▶ Identify ACTIONABLE data related to each measure with the user community to drive report design/development
- ▶ Involve end users in report development process
- ▶ Evaluate report user work flow to identify how to integrate report data into work flow
- ▶ Validate report data with users
- ▶ Be transparent about report development stage:
 - ▶ Track and share status of data validation, report functionality and report content with users
 - ▶ Ask users for feedback on a regular basis (surveys, visits, etc.)
- ▶ Provide training and support contact information



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Discussion and Next Steps