Improving Care Through Innovation

A Presentation on the District of Columbia State Medicaid Health IT Plan (2018 – 2023)

October 18, 2018
What Did We Hear From Stakeholders?

Common Themes Across Stakeholders

» Stakeholders share common challenges and see opportunities to improve data exchange

» Building a solid foundation for HIE is mission critical

» Understanding and addressing social determinants of health is an emerging priority

“If you have multiple docs, your primary doc should get all the information from other docs.”
- DC resident

“We would like to see the EHR used to manage referrals and close the loop post-consultation.”
- DC care provider

“We spend time chasing medical records to obtain data such as vitals... that could easily be supported via HIE.”
- DC payer

“We want to know where homeless usually go for care? HIE can facilitate access to this information.”
- DC agency partner
What’s the Problem?

- **Patients** are not connected to their multiple providers
- **Providers** are not connected to other care partners and payers
- **Payers** are not connected to clinical information
- **Government** agencies are not connected to public health information
The goal of health IT is to facilitate a patient-centered approach to care delivery that can improve health outcomes for all District residents.

» The District’s health system must be connected to deliver patient-centered, data-driven care

» Stakeholders and data are connected

» Tools enable navigation across providers and care settings

The Solution – A Connected Health System
2018 State Medicaid Health IT Plan

» Opportunities to Improve Health Care
» Current Landscape of Health IT and HIE
» Stakeholder Perspectives and Priorities
» Health IT and HIE Roadmap
  • District health IT and HIE goals
  • Four use cases that drive priorities
  • Proposed projects and timeline
» Evaluation Framework to Measure Health IT and HIE Improvements
» Appendices and Supporting Materials
DHCF Prioritized Four Areas to Improve Connection and Navigation

**Support Transitions of Care**
Help community service providers communicate across care settings, make timely referrals and exchange summary records, and assess resources such as social supports.

**Collect and Use Social Determinants of Health Data**
Support health care and social service providers to maximize the effectiveness of interventions to support individual health. Encourage standardized SDH information collection to facilitate whole person care.

**Analytics for Population Health**
Facilitate stakeholders ability to use data tools, algorithms and visualizations to target improvements in care quality and outcomes, and support providers’ value-based purchasing efforts.

**HIE for Public Health**
Work with existing DOH programs to expand public health HIE connectivity, facilitate public health reporting, and support public health registries for all providers in the District.
DHCF’s Health IT and HIE Initiatives Through FY21

**ACCESS**
- Expand Ambulatory, Hospital HER Adoption
- Build DC HIE Hospital Connections
- Enable ENS Notifications
- Develop Public Health HIE Integration
- Establish Organizational and Community HIEs

**ACCESS & EXCHANGE**
- Develop Care Snapshot
- Develop CAliPR for CQMs
- Develop Patient Population Dashboard
- Develop OB/Prenatal Registry
- Enable Medicaid Claims Data Access
- Deliver Ambulatory EHR Technical Assistance
- Improve Health IT and HIE Connectivity for Low Adopters, Behavioral Health, LTC, FEMS
- Expand HIE Tools Adoption

**CARE TRANSITIONS & ANALYTICS**
- Improve HIE Data Quality
- Enable Basic Analytics and Reporting
- Improve Connectivity to Public Health Registries
- Develop Provider Directory
- Capture and exchange SDH information via Health IT and HIE

**ADV. ANALYTICS**
- Implement Advanced Analytics and Tools
- Exchange and Use SDOH information
- Enhance Public Health Case Reporting & Surveillance

**USE & EXPAND VBP**
- To be established following FY ‘18, FY ‘19, and FY ‘20 projects
Implementation of the Roadmap is Already Underway

- **Core Health Information Exchange Capabilities for Providers Grant**
  - Clinical Patient Lookup
  - eCQM Calculation and Review
  - Specialized Registry Submission through EHRs
  - Advanced Analytics for Population Health Management
  - Simple and Secure Communications Among Providers

- **Continued stakeholder engagement through DC PACT (Positive Accountable Community Transformation)**
  - Coalition of community providers, health care providers, and District agencies
  - Committed to utilizing health IT to exchange social determinants of health information and improve care coordination
Contact Information

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