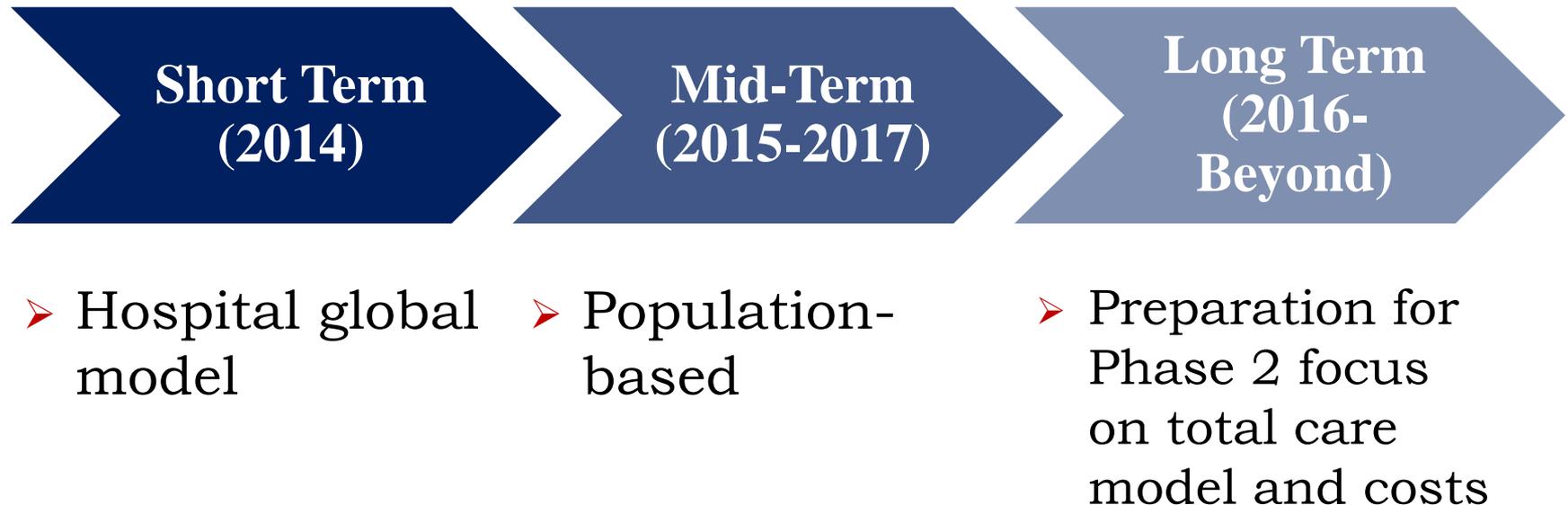




Data and Infrastructure Future Role of Work Group and Work Plan

June 18, 2014

HSCRC Model Development and Implementation Timeline



HSCRC Public Engagement Short Term Process Phases

▶ Phase 1:

- ▶ Fall 2013: Advisory Council - recommendations on broad principles
- ▶ January 2014- July 2014: Workgroups
 - ▶ Four workgroups convened
 - ▶ Focused set of tasks needed for initial policy making of Commission
 - ▶ Majority of recommendations needed by July 2014

▶ Phase 2: July 2014 – July 2015

- ▶ Always anticipated longer-term implementation activities
- ▶ July Workgroup reports to address proposed future work plan
- ▶ Advisory Council reconvening

Public Engagement Process Accomplishments

- ▶ Engaged broad set of stakeholders in HSCRC policy making and implementation of new model
 - ▶ 4 workgroups and 6 subgroups
 - ▶ 85 workgroup appointees
 - ▶ Consumers, Employers, Providers, Payers, Hospitals
- ▶ Established processes for transparency and openness
 - ▶ Diverse membership
 - ▶ Educational phase of process
 - ▶ Call for Technical White Paper Shared Publically
 - ▶ Access to information
 - ▶ Opportunity for comment

Role of Workgroups

- ▶ Purpose of Workgroups is to encourage broad input from informed stakeholders
- ▶ Commission decision-making is better informed with robust input from stakeholders
- ▶ Workgroups identify areas where there is consensus as well as areas where there are differences of opinion
- ▶ Non-voting groups

Current Process, Looking Forward

- ▶ **Aggressive work plans needed to meet deliverable schedule**
 - ▶ Time and resource intensive for HSCRC and stakeholders
 - ▶ Staff driven work plans and leadership needed for tight timelines
 - ▶ Coordination among groups sometimes challenging
 - ▶ Subgroups effective strategy to address more technical topics and coordination among groups
- ▶ **Looking ahead to next phase:**
 - ▶ Less frequent meetings would allow more time for analysis and review between meetings
 - ▶ Ad hoc subgroups effective in engaging stakeholders in development of implementation plans
 - ▶ Work plan may require different configuration of workgroups
 - ▶ Opportunity to engage stakeholders to lead different initiatives
 - ▶ More focus on outreach and education about new model

Data and Infrastructure Workgroup Products

- ▶ Report on Data Sources Monitoring Requirements
 - ▶ Total Cost of Care Reporting Template
- ▶ Draft Report on Data Infrastructure to Support Care Coordination
 - ▶ Principles
 - ▶ Desirable Features
 - ▶ Current State Data Sharing Infrastructure

Data and Infrastructure – Remaining Work

Care Coordination

- Access to Medicare Data for care coordination
- Define specific use cases: organizations and individuals w/data needs; data elements needed
- Analytic resource needs, predictive modeling tool(s)
- Data sharing policies

Monitoring and Evaluation

- Total Cost of Care Analysis
- GBR Reporting
- Data to support other new monitoring (eg market share, transfers)

Performance Measurement

- New Measures through EHR data
- Care Coordination Measures
- GBR Investments

Payment Policy

- Total Cost of Care Analysis
- Infrastructure Allotment

Data and Infrastructure Cuts Across All Implementation Tasks

- ▶ HSCRC data infrastructure needs should be considered as part of a statewide multi-agency, multi-stakeholder strategy
 - ▶ Infrastructure should be based in specific understanding of data needs
 - ▶ In some cases, need more work to develop better understanding of data needs and potential use cases
 - ▶ Workgroups have effectively used subgroups to review more technical issues

Next Steps

- ▶ Finalize Report on Data Needs for Care Coordination
- ▶ Consider data and infrastructure needs as part of all workgroups and subgroups
- ▶ No meetings currently scheduled for Data and Infrastructure Workgroup
 - ▶ Schedule meetings as needed