

## Health Information Technology and Health Information Exchange (HIT/HIE) Workgroup Charter

### Background

Washington State's Medicaid Transformation Project Demonstration grant was approved by the federal Centers for Medicare & Medicaid Services (CMS) in January 2017. As part of this 5-year contract initiative, nine Accountable Communities of Health (ACHs) across the state are supporting health improvement projects in their region by bringing together leaders with a common interest in improving health and health equity. The North Central ACH region, which includes Chelan, Douglas, Grant and Okanogan counties, has selected 6 health improvement projects to plan and implement.

Planning and implementation of these projects involves infrastructure investments, including investments in information technology and population health management systems that will facilitate bi-directional communication and care coordination (a goal inherent to many of our projects).

### Definitions

The following definitions linked to population health management systems are provided to ensure clarity and shared understanding within the workgroup:

- *Health Information Technology (HIT)*: The range of information technologies used to store, share, and analyze health information, including clinical and claims related data. Examples of HIT tools include, but are not limited to, electronic health/medical records, electronic prescribing, telehealth, and clinical data repositories.
- *Health Information Exchanges (HIE)*: The secure access and exchange of health information allowing providers, patients, and other participants to share patient information. Today's HIE context is focused on electronic tools allowing secure and efficient transfer of information to facilitate delivery system and payment transformation, care coordination, and improved health outcomes.
- *Interoperability*: The ability of two or more systems or components to **exchange** information and to **use** the information that has been exchanged. Health information exchange is a prerequisite for interoperability, but it is not sufficient by itself to achieve health information interoperability. The shared information must be useable by all parties involved.

While this workgroup will focus on HIT/HIE issues, it may also consider broader information technology and information exchange issues, especially where social service providers and other partnering providers are contributing to our Demonstration project goals.

### Charge

The purpose of the HIT/HIE Workgroup is to provide leadership and insight to inform regional planning and investments related to Health Information Technology and Health Information Exchange. As much

as possible, this workgroup will consider and align resources and efforts across multiple levels (i.e. providers, counties, NCACH, and statewide.) Generally, members will provide strategic advice and input into population health management systems required to implement Demonstration projects in the short-term, and to promote continued health improvement and care coordination in the long-run. This involves assessing the availability, use, and barriers to providers' use of technology solutions (identifying needs and gaps), and providing input and direction to build on and improve our current ACH-region's data infrastructure. A goal would be to catalyze HIT/HIE investments that are sustainable and useful beyond the life of the Medicaid Demonstration. This workgroup will re-evaluate its charge and deliverables on an annual basis and dissolve when all deliverables under their purview are met.

## Composition

The HIT/HIE workgroup will consist of 10-15 members who have experience and knowledge of health information technology and health information exchange. This may include familiarity with:

- Health care quality and performance data metrics and reporting
- Familiarity with clinical workflows and point of care data needs
- Data sharing and governance
- Health data compliance issues
- Interoperability needs
- Value-based purchasing arrangements

Members will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. The Governing Board will approve members, assuring representation from:

- Decision-makers from member organizations involved in the Whole Person Care Collaborative (WPCC)
- Management information services (MIS) and data officers from various health systems across the region, including primary care, behavioral health, and hospitals.
- Managed Care Organizations (Operating in all 4 NCACH counties after Jan. 1, 2018)
- Other providers involved in Demonstration Projects (e.g. IT staff from criminal justice, housing, and other social service sectors)
- Health Care Authority (HCA) representatives involved in statewide HIT/HIE efforts
- Other Data and health researchers or health policy specialists

Workgroup composition will likely evolve during the course of the Demonstration, as our region moves from planning to implementation.

## Meetings

Meetings will be held once per month, with additional meetings scheduled to address emerging issues. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local Health Jurisdictions throughout the year. Whenever possible, meetings will have an option to participate via teleconference or audioconference

for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for setting agendas, facilitating meetings, and ensuring overall coordination with NCACH leadership and other workgroups. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Meeting minutes and materials will be posted on the NCACH website ([www.ncach.org](http://www.ncach.org)).

## Member Responsibilities

- Workgroup members are required to comply with NCACH's conflicts of interest policy.
- Attend at least 75% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.
- Sign a Membership Agreement (attachment A)
- Provide input into mechanisms required to meet reporting requirements of the Demonstration
- Serve as a forum for NCACH member organizations to develop a coherent strategy for organizing, governing, analyzing, and deploying health information
- Help advance the use of interoperable health IT and health information exchange across the care continuum in support of regional and statewide health system and payment priorities
- Facilitate information sharing and coordination among NCACH member organizations on data related matters, including data system requirements and standardization, and privacy and security issues
- Coordinate with other NCACH workgroups regarding issues of common interest

## Anticipated Deliverables

An early deliverable for the HIT/HIE workgroup will be to develop a work plan with timelines for the following tasks, as well as any other tasks identified by the group.

- Identify barriers, gaps, and needs related to data, information technology, information exchange, and interoperability
  - Participate in and review regional HIT/HIE infrastructure assessments in our region and identify opportunities for alignment with Washington State investments
  - Identify health system stakeholder needs for population health, social service, and social determinants of health data
  - Discuss provider requirements to effectively access and use population health data necessary to advance VBP and new care models
- Identify, review, and recommend potential solutions and articulate a regional HIT/HIE strategy that will provide a path for community-based, integrated care.
  - Identify potential Health IT solutions that could be leveraged through ACH projects to support Participating Provider organizations, (e.g. technologies needed to transition to VBP, One Health Port services including the CDR, EDIE/Pre-manage, Pathways, Prescription Drug Monitoring Programs (PDMP), telehealth, etc)
  - Identify feasible strategies and recommend capacity investments (whether leveraging existing technology, or investing in new systems) to improve systems for population health management that will support NCACH's Demonstration projects

- Identify opportunities and needs for shared acquisition of HIT/HIE and other care coordination tools
- Prioritize potential NCACH investment opportunities that will support integrated care and community-based care coordination in our region
- Review and provide input into Washington State Health Care Authority (HCA) plans focused on HIT/HIE investments
  - Provide collective feedback and recommendations to HCA with respect to investments and resources they are developing statewide (e.g. OneHealthPort, All Payer Claims Database)
  - Engage in periodic review and provide feedback on HCA's Health IT Operational Plan and Strategic Roadmap, as it evolves.

### Authority

The HIT/HIE Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in planning and investment decisions. Activities, analysis, and recommendations developed by the Workgroup will be shared with the NCACH Governing Board on a regular basis and are subject to review and approval by the Board.