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| <b>Project Title</b>     | <i>A2: Health Information Technology (HIT)<sup>1</sup> Infrastructure to Support Integration</i>   |
| <b>Project ID</b>        | <b>A2</b>  |
| <b>Project Pathway</b>   | Statewide Projects   |
| <b>Project Objective</b> | <p><b>See also requirements for Project B-1</b></p> <p>The objective of this project is to develop the HIT infrastructure required to support high-quality, integrated care throughout the state. Each IDN will be required to develop and implement a plan for acquiring the HIT capacity it needs to meet the larger demonstration objectives. To promote efficiency and coordination across the state, this project will be supported by a statewide planning effort that includes representatives from across New Hampshire, a statewide <b>Taskforce</b>. All IDNs will be required to participate in this Taskforce, with members drawn from across the mental health and substance use disorder provider communities in each IDN, as well as other members who can bring relevant experience and knowledge such as the NH Health Information Organization (NHHIO).</p> <p>Facilitated by DHHS representatives and/or delegates, this Taskforce will be charged with:</p> <ol style="list-style-type: none"> <li>1. Assessing the current HIT infrastructure gaps across the state and IDN regions</li> <li>2. Coming to consensus on statewide HIT implementation priorities given demonstration objectives</li> <li>3. Identifying the statewide and local IDN HIT infrastructure requirements to meet demonstration goals, including:             <ol style="list-style-type: none"> <li>a. Minimum standards required of every IDN</li> <li>b. ‘Desired’ standards that are strongly encouraged but not required to be adopted by every IDN. Interoperability requirements will reference the ONC’s 2016 Interoperability Standards Advisory where viable.</li> <li>c. A menu of optional requirements.</li> </ol> </li> </ol> <p>Each IDN will then develop and implement IDN-specific implementation plans and timelines based on the Taskforce’s assessment and recommendations, the IDN’s current HIT capacity, and the IDN-specific community needs assessment.</p> <p>The four DSRIP demonstration objectives driving the HIT infrastructure work are comprehensive and include:</p> <ol style="list-style-type: none"> <li>1. Increasing the State’s capacity to implement effective community based behavioral health prevention, treatment and recovery models that will reduce unnecessary use of inpatient and ED services, hospital readmissions, and wait times for services.</li> <li>2. Promoting the integration of physical and behavioral health providers in a manner that breaks down silos of care among primary care, SUD, and mental health providers.</li> </ol> |

<sup>1</sup> The term “Health Information Technology (HIT)” is considered to be inclusive of Health Information Exchange (HIE) as well in this document.



3. Enabling coordinated care transitions for all members of the target population regardless of care setting (e.g. CMHC, community mental health providers, primary care, inpatient hospital, corrections facility, SUD clinic and crisis stabilization unit).
4. Supporting IDNs in participating in Alternative Payment Models (APMs) that move Medicaid payment from primarily volume-based to primarily value-based payment over the course of the demonstration period.

Using the Taskforce's findings, its community needs assessment, and the community-driven projects it has selected, each IDN will be required to develop a strategy for closing key HIT infrastructure gaps among medical providers, behavioral health providers, and community-based service organizations, and to demonstrate the use of interoperability best practices such as those found in the Office of the National Coordinator for Health IT's (ONC) 2016 Interoperability Standards Advisory.<sup>2</sup> While not every HIT infrastructure gap can be addressed through this demonstration, examples of current gaps that will be considered include:

1. Level of IDN participants utilizing ONC Certified Technologies<sup>3</sup>
2. Level of IDN participants capable of conducting ePrescribing and other core functions such as registries, standardized patient assessments, collection of social determinants, treatment, and care transition plans, etc.
3. Level of IDN participants utilizing Certified Electronic Health Record Technology (CEHRT).
4. Level of IDN participants capable of conducting ePrescribing and other core CEHRT functions such as registries, standardized patient assessments, collection of social data, treatment, and care transition plans, etc.
5. Ability for IDN participants to exchange relevant clinical data with each other and with statewide facilities such as New Hampshire Hospital via health information exchange (HIE) standards and protocols.
6. Ability for IDN participants to protect electronically exchanged data in a secure and confidential manner meeting all applicable State and Federal privacy and security laws (e.g., HIPAA, 42 CFR Part 2).
7. Ability for IDN participants to use comprehensive, standardized physical and behavioral health assessments.
8. Level of IDN participants in their ability to share a community-wide care plan to support care management, care coordination, patient registries, population health management, and quality measurement.
9. Ability for IDN participants and the State's Medicaid HIT infrastructure, comprised of State and managed care organization (MCO) vendor systems, to create interoperable systems for the exchange of financial, utilization, and clinical quality data for operational and programmatic evaluation purposes. Ability for IDN participants to directly engage with their patients for items including but not limited to bi-directional secure messaging, appointment scheduling, viewing care records, prescription management, and referral management.

<sup>2</sup> <https://www.healthit.gov/standards-advisory/2016> The Office of the National Coordinator for Health IT 2016 Interoperability Standards Advisory was published in March 2016.

<sup>3</sup> <http://oncchpl.force.com/ehrcert> Downloadable list of all ONC Certified Health IT Product List



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| <b>Target Population</b>                  | All Medicaid beneficiaries   |
| <b>Target Participating Organizations</b> | All participating IDN organizations  |
| <b>Related Projects</b>                   | Project A2 is a foundational project to support statewide and IDN-level planning efforts associated with addressing select HIT gaps. As such, this project is closely tied with any project being implemented with HIT needs.  |
| <b>Project Core Components</b>            | <p><b>Phase 1. Statewide HIT Taskforce: Facilitated Current State Assessment (July 2016 – September 2016)</b></p> <p><i>A facilitated current-state assessment of HIT for participating members of the IDNs will allow for the creation of a gap analysis at both the IDN and State levels. This data collection will feed into a facilitated statewide discussion regarding required, desired, and optional HIT infrastructure.</i></p> <p><i>Key work steps in this phase include:</i></p> <ol style="list-style-type: none"> <li>a. Develop standardized current-state assessment tool. This tool will reference the ONC’s 2016 Interoperability Standards Advisory.</li> <li>b. Conduct an IDN-member assessment of existing and scheduled HIT efforts and develop a statewide report.</li> <li>c. Taskforce or a delegate will conduct an updated review of pertinent State and Federal laws re: patient consent and exchange of behavioral health and SUD information to ensure an understanding of any related legal constraints.</li> <li>d. Create a gap analysis between each IDN-member assessment in relation to the ability to support DSRIP demonstration objectives.</li> </ol> <p><b>Phase 2. Statewide HIT Taskforce: Works Toward Consensus on a Set of Minimally Required, Desired, and Optional HIT HIE Infrastructure Projects for IDNs to Pursue (October 2016 – March 2017)</b></p> <p><i>In order to achieve alignment across IDNs, each IDN will participate in a facilitated, statewide consensus development process to determine the 1) minimally required, 2) desired, and 3) optional HIT infrastructure projects that IDNs should pursue. Once this alignment is attained, each IDN will develop and implement its own IDN-specific HIT implementation plan. HIT governance practices will also be examined in the context of seeking HIT governance compatibility across IDNs.</i></p> <p>Alignment goals will center on the following issues which are designed to help close the gaps in HIT that will support the DSRIP demonstration:</p> <ol style="list-style-type: none"> <li>a. Support for achievement of overall DSRIP demonstration goals, within the context of current HIT infrastructure gaps</li> </ol> |



and HIT assessment. Potential statewide and regional priorities could include determination and definition of:

- i. Acceptable levels of ONC Certified Technologies adoption and electronic health record functionality.
  - ii. The desired transaction sets, methods, and mechanisms for health information exchange (HIE) between IDN participants. The expectation is interoperability requirements will reference the ONC's 2016 Interoperability Standards Advisory where viable.
  - iii. Requirements scope for a shared community care record across the care continuum (e.g. physical health providers, behavioral health providers, community supports).
- b. Enabling clinical outcomes and financial performance measurement and reporting functions within the IDN, across IDNs, and between IDNs and the State. This would include items such as:
- i. Electronic Clinical Quality Measures (eCQMs)<sup>4</sup>.
  - ii. Utilization reporting (e.g., IDN, type of service, geographic, temporal, co-morbidity, community supports).
  - iii. Financial performance reporting.
  - iv. Managing reporting between IDNs and the State using a State-approved standardized format for the electronic interface.
  - v. State support of IDNs' analytic capacity with State-approved standardized data sets to be provided by the State and the State's MCO partners.

*Note: As a condition of receiving DSRIP funding, IDNs must provide the outcome and financial data required by the state to administer the DSRIP demonstration. Even prior to completion of the activities outlined above, IDNs will be required to provide the state with the financial and other data required to administer the demonstration in a format and on a schedule determined by the state*

**Phase 3. Individual IDN Task: Develop Future State IDN-Specific Implementation Plans and Implementation Timelines (April 2017 – June 2017)**

*Each IDN will develop a HIT implementation plan and timeline that will be approved by the State in order for the IDN to be eligible for incentive payments associated with this project. The State will be providing additional information about the format and requirements related to this plan.*

*The plan will allow for regional differences in HIT capacity, prior investment, and future plans. The implementation plan will*

<sup>4</sup> <https://ecqi.healthit.gov/ecqm>



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|                                  | <p><i>build upon the Assessment and Consensus phases and work to reduce the HIT gaps identified in the Project Objective section of this document. There is expected to be a “floor requirement” and a “stretch goal” for each IDN plan so that each IDN shows progress over the five-year period, based on identified process milestones. These plans will be reviewed and approved prior to the State authorizing use of DSRIP funds for implementation.</i></p> <ol style="list-style-type: none"> <li>a. At a minimum, the HIE integration plan component of the IDN’s HIT implementation plan will include the following IDN provider(s): hospital, CMHC, community mental health providers, primary care, SUD, and DRF participants<sup>5</sup>. The HIE integration plan will also include New Hampshire Hospital and state the level of anticipated HIE integration with other IDN participants such as County nursing home, County correction facility, developmental disability agency, etc.</li> <li>b. The IDN’s HIT implementation plan will show, at a minimum, how and when all of an IDN’s HIE participants will be utilizing ONC Certified Technologies and functions and adhering to the ONC’s 2016 Interoperability Standards Advisory.</li> <li>c. The IDN’s HIT implementation plan will describe how certain key population health management capabilities will be supported, such as individual and community risk assessments, care coordination and care management, health care transitions support, and quality measurement.</li> <li>d. The IDN’s HIT implementation plan will describe the clinical and financial analytic systems’ required inputs and outputs, using the State-approved, interoperable standard.</li> <li>e. The IDN’s HIT implementation plan may include concepts and components that go beyond the HIT gaps identified in the Project Objective section of this document if they can demonstrate overall value to the DSRIP Demonstration implementation.</li> </ol> <p><b>Phase 4. Individual IDN Task: Implementation of IDN-specific Plan (September 2017 – December 2018)</b></p> <p>Once its plan is approved and the State authorizes use of DSRIP funds for HIT, each IDN will be expected to implement its HIT plan over the course of a 16-month period. The plan will include specific objectives, timelines, and milestones allowing the IDN to track its progress and the State and CMS to oversee implementation.</p> |
| <p><b>Process Milestones</b></p> | <ol style="list-style-type: none"> <li>1. IDN Participation in Statewide HIT Taskforce: Current State Assessment (July 2016 –September 2016)             <ol style="list-style-type: none"> <li>a. Taskforce Convened</li> <li>b. Assessment Conducted</li> <li>c. Assessment Report Published</li> </ol> </li> </ol>  |

<sup>5</sup> State designated receiving facilities (DRFs) include: Franklin Hospital, Portsmouth Hospital, Elliott Hospital, and Cypress Center.



2. IDN Participation in Statewide HIT Taskforce: Achieve Consensus on a Set of Minimally Required, Desired, and Optional HIT HIE Infrastructure Projects for IDNs to Pursue (*October 2016 – March 2017*)
  - a. Consensus Meetings Held
  - b. Consensus Report Published
  
3. Individual IDN Milestone: Develop Future State IDN-Specific Implementation Plans and Timelines (*April 2017 – August 2017*)
  - a. IDN Plans Developed
  - b. IDN Submits Draft Plan
  - c. State Reviews Draft
  - d. State Communicates Comments on Draft
  - e. IDN Submits Final Plan
  - f. State Approves/Denies Plan
  
4. Individual IDN Milestone: Implementation of IDN-specific Plan (*September 2017 – December 2018*)
  - a. Milestones as Defined in Plan