Utah Digital Health Service Commission Meeting

Thursday January 5, 2017, 10:00 a.m. – 12:00 p.m.
Regence's Snowbird Conference Room
2890 East Cottonwood Parkway
Salt Lake City, Utah

Minutes

Members Present: Henry Gardner (Chair), Todd Bailey (online), Patricia Carroll, Andrew Croshaw (online), Mark Dalley (online), Craig Herzog, Mark Hiatt, Tammy Richards ,Teresa Rivera, Randall Rupper, Sarah Woolsey
Members Absent: Preston Marx
Staff Members: Humaira Shah (UDOH), Wu Xu (UDOH)
Guests: Chris Coccimiglio (Health Care Financing Association), Denise Love (NAHDO), Greg Mead (UDOH online), Wyatt Packer (HealthInsight), Iona Thraen (UDOH) and Norman Thurston (UDOH)

Welcome and Introduction:

Henry Gardner welcomed everyone. Mark Dalley gave a brief self-introduction. He has been in healthcare for close to 40 years, originally from Southern Utah, went to college at Southern Utah University and did graduate work at BYU. He spent most of his career in rural hospitals, worked for Intermountain Healthcare for about 15 years, then scattered many other places and worked for several healthcare organizations and is the Administrator of Gunnison Valley Hospital and UHA board member. He is anxious and excited to see what the commission will be accomplishing in the next few years.

November Meeting Minutes were discussed. There was a motion made for approval by Teresa Rivera, seconded by Sarah Woolsey and Tammy Richards, and unanimously passed.

Confirmation of the Appointments of the ThSisU Advisory Committee:

Wu Xu discussed that in our last meeting in November, we discussed the draft rule for patient identity services; the Commission approved and the Staff filed it. With public comments, we heard feedback for nominations and the rule will become effective next week. The rule basically says that we will establish an Advisory Committee to develop the Statewide MPI. We need the commission to confirm the committee's appointments and concepts of the proposed charter. Sarah Woolsey wanted to make sure the University of Utah had adequate representation. Larry Dean from the U of U IT is on the list.

Wu explained the proposed co-chair leadership for this committee. The co-chair can support each other; work closely with her. The committee will go with consensus based decision making with recommendations. When the recommendation is finalized, Wu can report back to the Commission for final decisions. UDOH Health Informatics Program led by Jeff Duncan will report back to the Commission on the implementation of the ThSisU. Henry asked who ultimately makes the decision and decided what way we are going to do things. Wu answered that it is the health department. The Commission advised to engage the community and bring the community along with this advice committee.

Wu went over the list of nominees for the committee. A question was asked if we have a rural hospital recommended. We have the 4 large systems including Intermountain, HCA, UofU and IASIS. Wu said we can continue to nominate people, so far there are 12 people accepted the nominations.

Teresa Rivera made a **motion** that we approve those that have been nominated and accepted of the 12. Craig Herzog seconded and the motion passed unanimously.

It was asked if Mark had a recommendation for a rural hospital. Mark said most of the large systems have rural hospitals but the independent rural hospitals have different needs. He suggested talking to Greg Bell at UHA who is the chair of the 9 independent rural hospitals' group. Wu will reach out.

Follow-up on November's Discussion on "Putting consistency in pharmacy data":

Craig Herzog followed up from his November discussion. From the pharmacy perspective, we are quite there in terms of consistency of the data. If you look at the ONC on their federal Health IT strategic plan goals, one of the goals is enhancing health IT infrastructure. One of the strategies is to collaborate with industry and public stakeholders to pass core technical standards for terminology, vocabulary, content, format, transport and security. That falls under what we are doing in terms of standards.

For medication standards we are still looking at things like RXnorm and standardizing that format. Things like the name of the medication, expiration date, strength and tablet size. The barcode isn't just the medication but it is all the instructions such as frequency and directions and all this information should be embedded in the barcode.

The challenge is how do you do that in the actual electronic health exchange, how do you exchange in that information. You need to have standards, what am I going to take and how am I going to receive that. That is where things like HL7 come in. using HL7 tells you that you can take patient name and patient location, patients ID, the name of the drug and strength, it is all in HL7. Everyone has to agree to use it when exchanging information.

I think the biggest challenge is getting the vendors on board to accept that and have everyone willing to submit their data to the cHIE or whatever it has to be. We have to get everyone in agreement that we are going to participate and make that information available.

There was a comment made asking what are the core pieces that are going to be needed for exchange. If we could define that, then regardless of the system, we could say here are those 6 core elements that everyone is agreeing to play by regardless of where it is coming from, when we go to exchange. If we can get to that point and agree on that. HL7 has done that structurally but the vocabulary is different.

There was a request from Teresa to the Commission that we get a follow up report from DOPL, they are working on a new system and it would be nice. Once they launch their system it would be nice if they brought it back to the Commission and shared info. on the new system.

INTRODUCE TODAY'S THEME:
CLAIMS DATA EXCHANGE: CONSISTENCY AND CHALLENGES

Mark Dalley introduced the topic. The discussion we just had is a good indication of challenges we face anytime we start talking about exchanging information, whether that is pharmacy information or claims information. Henry said it is better to think of solutions rather than thinking it can't get done. The challenge of data or information exchange - we have hit the key points. We are interested in hearing what Norm Thurston has to say and how others suggest we go about it.

Claims Data Reporting to UDOH and Issues of All Payer Claims Data (APCD):
- Topic relates to the State HIT Plan Goal 1 and Goal 4

Norm Thurston introduced himself as the Director at the Office of Health Care Statistics and has been there for over 3 years. Denise Love introduced herself as well, she is the Executive Director of the National Association of Health Data Organizations (NAHDO) and has been doing data policy at the state level for 25 years. NAHDO was established in 1986. She is officially a member of the National Committee of Vital and Health Statistics (NCVHS) and is getting more immersed in some of the issues that were discussed earlier. She is excited to learn more from the Commission and also offer help on a national level through NCNHS discussions on standards that are held quarterly.

Denise talked about nationwide All Payer Claims Databases. The State APCD Progress Map represented different levels of All Payers Claims Databases such as active planning or full implementation (Utah), ready to launch, or exploration phase. There is a learning network for all the states and the best way to share knowledge is state by state collaboration.

She went on to discuss standards-based reporting and current reality. APCD's are based on national HIPAA Administrative transaction standards. There are a lot of legacy systems generating data and we have learned we can't get everything we want for our population or value-based payment; the payers can only provide what they can provide. We have made all sorts of technical and political tradeoffs in this data policy game. APCDs are evolving. We are working with states and the Federal Government to fill gaps. She went over a brief history of the work they have done on standards starting in 2009.

Norm went over a high level overview of Utah's APCD that includes commercial plans, Medicaid, PEHP and government plans, Medicare Advantage, and partial FEHBP. What is missing is Medicaid mental health, data on uninsured, Medicare A&B, Military/veterans, Gobeille Self-funded, and some very small plans. He discussed their successes: There is improved compliance, total cost of care project, institutional license and campus distribution with the University of Utah, and growing recognition of the value of the data.

Issues and challenges for Utah were discussed. Data quality is always an issue, it ties back to how clinics submit claims; we need to work on clinic billing practices as well as completeness. Another challenge is answering the hard questions and one of the hardest is informing consumers. The last challenge is increasing the use of data. This means providing value back to payers who are interested in benchmarking and quality measures. Also, there needs to be standardized performance metrics in the healthcare industry.

Denise and Norm discussed looking ahead what is coming up. Denise discussed joint- collaboration with other states and working together. Norm discussed how the Commission can support OHCS' rule changes to accommodate CDL standards. He also discussed the need for partners to help develop state APCD consumer tools for Utah. In order for this to work we need the data, the audience, and technology,

which we have all but don't feel comfortable that we have a third wheel which is taking the data and translating it in a way that will work but won't be too costly.

Henry Gardner asked Norm and Denise what help can be sought from the Commission. Norm encouraged the Commission to help them and be supportive of collection of the data at whatever level you have influence. Data quality is his priority. Denise said this is going to be an interesting next few years, at NAHDO, I welcome reaching out to your organization and others across the country because we need to do a lot of common voice; whether it's submitting comments on the federal rules that affect us all or the data that we care about. If I can reach out to the policy commission when there is an MPRM or when there is testimony or multi-state effort to communicate to the Federal Agencies or Congress, I would love to reach out to you.

Claims Data Exchange Between Providers and Payers:
- Topic relates to the State HIT Plan Goal 3

Teresa Rivera gave a brief background on UHIN. Started in 1993, is a community-based non-profit with 20+ years' data exchange experience. The mission is to positively impact healthcare through reduced costs, improved quality, and better results by fostering data-driven decision. Electronic exchange reduces accounts receivable and provides for the ability to automate processes.

She mentioned that conduct of exchange is governed by HIPAA and HITECH at the federal level, Utah State Rules at state level. She discussed standards. UHIN facilitates workgroups to review X12 proposed formats and create additional standards as needed. State standards are consensus driven and forwarded to the Insurance Department for public review and placement into rule R590-164. The current work, especially in Utah, is a new proposed HIPAA formats-7030. It will probably be implemented in 2019-2020 depending on how the proposal gets changed.

Another concern is payers are complaining there is no standard on billing on some conditions so there needs to be consistency. So we are pulling the community together to figure out what billing standards should be for Autism. Teleheath has exploded and as payers are determining the standards for that. Telehealth billing standards are being addressed. She mentioned that UHIN's Clearinghouse is serving 80% of providers in Utah. There are providers in 42 U.S. states as well. They do customized editing and transformation and have online tools to access data.

She went over some successes and challenges. EDI (efficient healthcare business) really does provide this efficient process, it gives you advance knowledge of patient benefits and automated sending of claims. Obstacles such as eligibility transactions are not being universally used. Formats for supporting clinical information or attachments in needed to support claims is still in flux and claims data alone is not enough. Attachments are needed to support claim payment, audit and prior authorizations but are stored in different formats.

She discussed the future which means linking claims and clinical data to create actionable data. This also includes utilizing expertise in X12 and HL7 formats to appropriately linking these valuable data sets. There are several partners such as UDOH, UDI, Payers, providers/vendors, and national standards organizations. An eligibility tool will be launched in the 1st quarter of 2017 and a claims/clinical link later for payers and providers in 2017; 2018 will have expanded use cases; and 7030 will be rolled out in 2020.

The Commission can help by continuing to promote Standards and electronic exchange of the full encounter. Encouraging providers to use eligibility transactions to reduce denials is helpful as well, along with work towards payers accepting attachments electronically.

Follow-up on the Utah HIT Strategic Plan and Dashboard:

Sarah Woolsey mentioned that due to lack of time, this topic will be discussed further next time but there is an HIT Strategic plan, we should commit as a commission to talk about things that are forwarding this plan. I will send out the slides from today and have you review them and give us input. Henry said Sarah and Andrew will get first 15 minutes of next meeting.

Henry thanked everyone for taking the time to present and everyone for attending and Mark for hosting.

Meeting adjourned.

Everyone was thanked for participating and meeting was adjourned.