Prevention & Wellness Trust Fund

IT & Evaluation Site Visit

PWTF IT & Evaluation Site Visit

Agenda

- Introductions
- Evaluation & PWTF Overview
- CMS SIM e-Referral Project Overview
- Capacity Building Activities for IT & Evaluation
- Q&A and Next Steps

PWTF IT & Evaluation Site Visit

Aims

- Identify data sharing practices & needs
- Identify current referral practices & data sharing around referrals
- Understand past or current QI efforts & how data is used to inform those efforts (or the extent to which data could be used in the future)
- Explore referrals to community-based organizations, key referral types

Evaluation & PWTF Overview

Primary PWTF Evaluation Goals

- Know whether it worked
  - Assess the impact of PWTF policies and interventions

- Know how it worked
  - Gather sufficient information to develop a roadmap for future grantees

Evaluation & PWTF Overview

EOHHS

Evaluation & PWTF Overview

Outcome measures are explicitly defined by Chapter 224:

- Prevalence of preventable health conditions
- Extent of health care cost savings and/or reduction in growth of health care cost trends
- Whether costs were reduced and who benefited from the health care cost reduction
- Employee health, productivity and recidivism through workplace-based wellness or health management programs

Evaluation must also provide recommendations on whether:

- Programs should be discontinued, amended or expanded and a timetable for implementation of these recommendations
- The funding mechanism for the Prevention and Wellness Trust Fund should be extended beyond 2016, or whether an alternative funding mechanism should be established
- DPH to prepare annual reports to MA legislature on effectiveness of funded activities

Evaluation & PWTF Overview

DPH responsibilities to grantees include:

- Coordinating cross-site evaluation activities with outside evaluator(s)
- Providing data collection instruments and performance indicators for all community and clinical initiatives
- Developing a data system that connects community and clinical data
- Providing technical assistance for programmatic initiatives and data collection
- Convening funded agencies regularly to increase forums for communities to learn from each other

EOHHS

MA State Innovation Model Award

What is our goal?	How do we do it?	How does SIM help us get there?
The Triple Aim: Better population health, better experience of care, lower costs	**Payment Reform**	• Medicaid's Primary Care Payment Reform Initiative • The Group Insurance Commission's value based purchasing strategy
	Delivery system transformation	• Provider portal on the APCD • Adoption of the Health Information Exchange • Data infrastructure for LTSS Providers • Electronic referrals to community resources • Access to pediatric behavioral health consultation • Linkages between primary care and LTSS • Technical assistance to primary care providers • HIE functionality for quality reporting
	Cost and quality accountability	• Statewide quality measurement and reporting • Payer and provider focused learning collaboratives • Rigorous evaluation

EOHHS

History of e-Referral Program

The concept of creating a bi-directional electronic referral is not new with this grant:

- In 2008, Frieden and Mostashari listed twelve key features that would be necessary for a system of electronic health records to function as effectively as possible.* Of the 12 features, only "Linking EMRs to Community Resources" has had no forward movement.

- In 2010, MA DPH and NH DOH sponsored a project to create electronic referrals to the Tobacco Quitline using a proprietary software

- Expanding prior work to included a wide array of community resources ---flexible translator model for communication

*Cite: Frieden TR and Mostashari F. Health Care as if Health Mattered. JAMA, February 27, 2008, Vol 299, No. 8, 950-952.

Promoting Community-Clinical Linkages

Create

e-Referral requires a bi-directional electronic as well as organizational conversation to initiate community-clinical linkages

Evaluate

e-Referral system can provide baseline reports on # of referrals, # of services received, # of pounds lost

When integrated with the EHR, health systems can evaluate the impact of these community programs on population health

Sustain

Once installed, the e-Referral system can be modified to add additional types of community resources

Using the e-Referral software and EHRs, community-based organizations can make the case for clinically meaningful and cost-effective programming

Example of bi-directional referral

EOHHS

Outbound Transaction

Clinical Setting

CHC

Health care provider diagnoses Jane Smith with diabetes. Jane gives consent for referral to tobacco quitline and local CDSMP program.

Transmission from EHR

e-Referrals from Provider to (1) Quitline & (2) Council on Aging

Contact Information: Address, Phone
Other Health Data: Current smoker and Type 2 Diabetes

Community Resource

Tobacco Quitline & Local Council on Aging

Jane is contacted by Quitline and starts counseling program to quit smoking. Jane is also contacted by Senior Center and begins 6 class CDSMP program.

Inbound Transaction

Community Resource

Tobacco Quitline & Local Council on Aging

Quitline calls back 6-months post referral for update. Senior Center prepares final CDSMP report on Jane's progress. Updates transmitted to provider as requested.

Transmission to EHR

Progress report from community resources to provider (Standardized HL7 Formatted Transaction)

Jane Smith

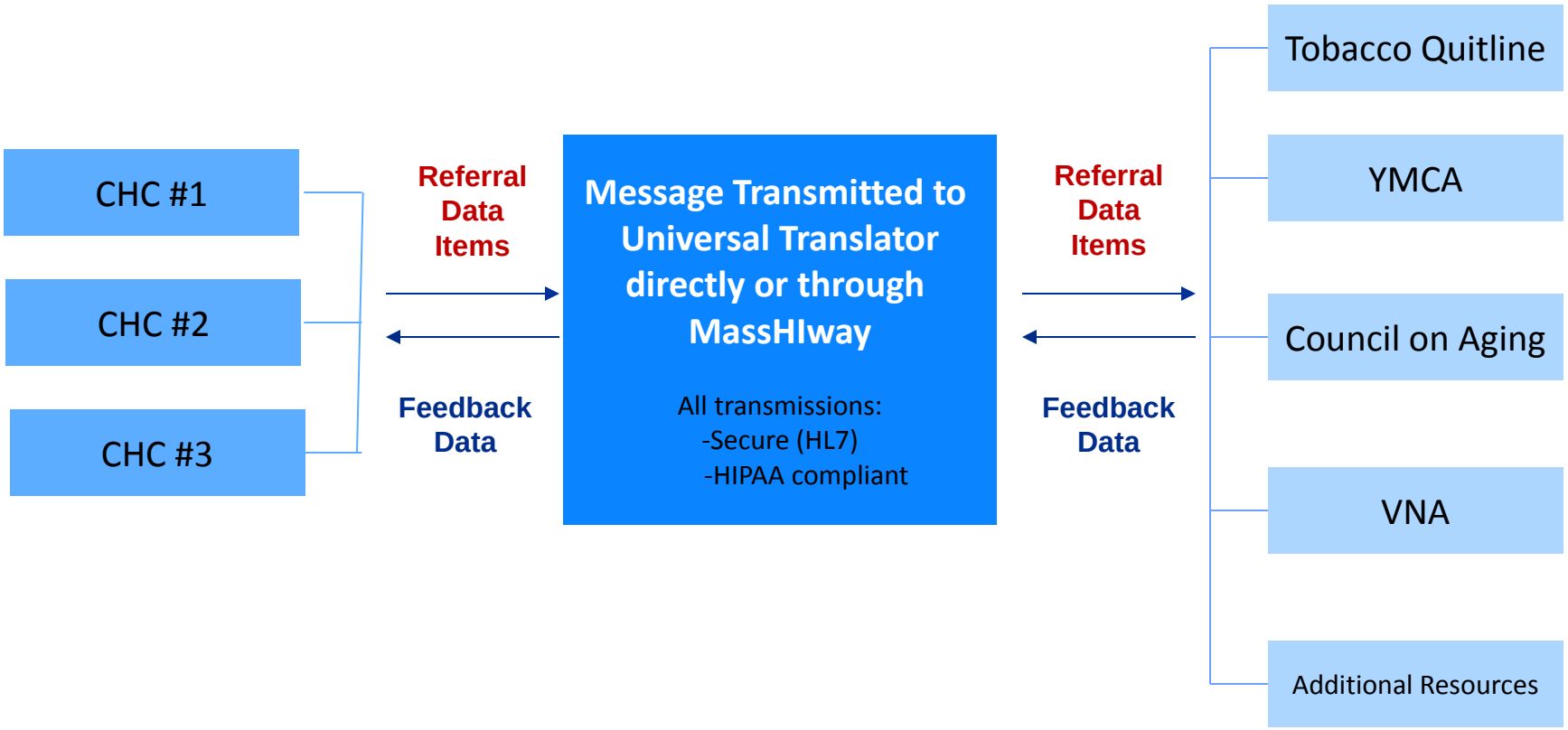
Smoking status at 6 months post referral, CDSMP sessions attended, and improvement in FV intake and exercise

Clinical Setting

CHC

Automatic updates of smoking and exercise program added to EHR. At next appointment, health care provider is able to see the update of Jane's progress in Jane's own electronic health record.

A model for bi-directional referral



e-Referral: Making an e-Referral

Initiating a referral from a clinical setting using the e-Referral system --- three options for the pilot:

Fully automated referral via the MassHIway (HIE)

- All necessary referral information originates from the EMR

Fully automated referral via the Universal Translator

- All necessary referral information originates from the EMR

Partially automated referral

- Some necessary referral information originates from EMR, but referral is completed in e-Referral Gateway by either provider or other staff member

EOHHS

e-Referral: Referral Information

Four ‘buckets’ of information that need to be transmitted with each referral

- Patient Information
- Referring Provider Information
- Referred to Provider Information
- Referral-Specific Information

Discussion

Capacity Building Activities for IT & Evaluation

- Current data sharing practices
- Clinical data sharing for QI purposes, evaluation
- Legal issues around data sharing
- Proposed e-Referral referral types & community-based organizations

Discussion

Q & A

Next Steps

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