

NM HSI Summit, September 16, 2015
Health Information System Committee

| Topic | Discussion | Next Steps/ Follow-Up |
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| Introductions | Pass around sign-in sheet and collect at end of session | |
| Discussion | | |
| | <p>A goal is to review the specific design content related to the work done by and recommendations made by <u>your</u> committee and workgroups. Review and refer specifically to slide(s) numbered: 10-11, 18-21, 26 -27, 31-32 and others.</p> <p>The emphasis, at this point, is to refine and/or clarify input and recommendations already made, rather than to provide more recommendations. We hope the questions below help guide you.</p> | |
| HIS Committee Agenda - Lois and the Metrics SurveyRecap | <ol style="list-style-type: none"> 1. Everyone will get email with URL to the survey on the suggested metrics; all summit participants should give measure feedback/priority. 2. There are 23 core measures - DOH identified – already collected by the state so as not to provide an additional burden on the providers. Other measures may emerge from the survey. 3. Core measures are to be ranked on a priority scale; other measures just list top 5-10 priority measures. 4. It's concerning we don't have metrics to support the model design presented today at summit. 5. Measures are meant to track health outcomes. 6. The most difficult part of this process was getting from other committees what they need to measure and let us figure out where we get those data. 7. We do a good job on collecting data, but bad job on determining the analytics of what we need. We don't want to respond to a bunch of ad-hoc data needs. We need to use the data to respond for the purposes of policy. 8. Just taking data you currently collect and putting them in a data warehouse isn't going to assure you'll collect the correct data. The committees need to tell us what they need. 9. How do we link what we implement to the outcomes? 10. Following up with the data: may hire someone to look at the data to determine if we are actually collecting the data we need for cost data, etc. For example, they'd look at claims to determine if we're meeting our needs. We need knowledgeable folks to look at data to question and analyze data to assure it doesn't reflect something screwy. Determine | |

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| | <p>and ask, does the measure outcome from the data make sense?</p> <p>11. How often will these data metrics be collected? Will we really be able to assess how we're doing? That's why we need a HIE so we can use data as close to real-time as possible.</p> <p>12. We still need to look at community priorities to determine the final measures.</p> <p>13. We can't look at measures in silos. We need to look at measures collaboratively. How is each patient interaction reflected in the measures? We discuss determining social determinates of health yet we don't have a system that tracks this. We need to track on the patient level and have systems that talk to each other.</p> | |
| <p>HIS Committee Agenda - Status Update</p> | <ul style="list-style-type: none"> • Sharon's status report created every 2 weeks: <ol style="list-style-type: none"> 1. NMHIC public report was added to the HSI website under the reports tab. URL in Summit handout. 2. Doing a gap analysis of HIT, we sent 660 letters to individual providers. Only 5 returned due to bad addresses. 3. Sent emails for the survey to over 100 providers, acute and specialty hospitals, long term care, BH providers, dental providers. DOH will be doing onsite visits to talk with CIOs to talk specifics, and Tres to make site visits to get feedback on design model. Most providers responding to DOH have been able to help. Gina is taking over the entire operational aspects of this process. 4. Met with First Nations, a Native American health facility with services beyond Native American patients. Looking at a data sharing pilot with them. Aiko Allen and Shandiin Wood assisting with this. 5. Met with Dale Albertson to discuss telehealth and mobile aspects. How can we use the public health offices and schools to assist in the technology? Objective is interoperability. 6. APCD status – HSD with DOH and stakeholders will create a model design and implementation plan for an APCD. HSD is in procurement for an APCD planning consultant. HSD is in the process of determining a potential APCD stakeholder workgroup consisting of payers, state agencies, legislators, ISH, OSI, etc. If you want to participate contact Joannie Berna at joannie.berna@state.nm.us • Able to use Doubletree for additional meetings if you feel we have a need to meet, give Sharon Zuidema a call or email at Sharon.Zuidema@state.nm.us or 505-827-2358 | |

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| | <ul style="list-style-type: none"> • <i>Adelante</i> program provides nutrition education. We need patient level detail. Don't we need that level of detail if we use evidence based practices? Disagreement on this, the provider may refer to a nutrition program but there is no tracking if the patient actually attends and why didn't they attend? No way to track reasons for patient not completing the referral process. Is it a language barrier problem, community issue, such as no easily accessible fresh veggies, no safe walking paths, etc.? Individual intervention tracking versus provider intervention/referral is essential. | |
| HIS Committee Agenda - HIT PLAN – Increase Usage HIE | No discussion. Ran out of time. | |
| HIS Committee Agenda - HIT Plan – EHR | No discussion. Ran out of time. | |
| HIS Committee Agenda - HIT Plan – delivery | No discussion. Ran out of time. | |
| HIS Committee Agenda - HIT Plan – APCD | See comments above. | |
| HIS Committee Agenda - HIT Plan – data sharing | No discussion. Ran out of time. | |
| | <p>Next steps:</p> <p>Is there an opportunity for the HIS Committee to review the HIT Plan before submitting to CMS? Sharon is working on the HIT Plan.</p> | |
| <p>#1: Does the current version of the HSI design adequately incorporate the recommendations made by and the work done by this committee?</p> <p>If not, please describe what needs refining or changing.</p> | <ul style="list-style-type: none"> • Looking at alternative technological ways of sharing information. • Healthcare data is very valuable and is highly breached. | |
| <p>#2: Are there any components or factors that have <u>not</u> been considered or reflected in the design that are important to <u>your</u></p> | See comments above. | |

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| <p><u>committee's specific area of expertise or interest?</u> If so, what are they? (Again, refer to slide(s) numbered 10-11, 18-21, 26 -27, 31-32 and others)</p> | | |
| <p>#3: Are there any components or factors that have <u>not</u> been considered in the <u>overall design</u> that you feel are important? What factors are missing?</p> | <p>See comments above.</p> | |
| <p>#4: Is there any other information or input that you would like to provide with regard to the NM HSI design?</p> | <p>See comments above.</p> | |
| | <p>Report Out</p> | |
| <p>What are the key points from your discussion that you want to share with the rest of the Summit participants?</p> | <ul style="list-style-type: none"> • It's critical to collect both levels of data: at the population and clinical data level. • The HIS Committee needs to be informed on what questions must be answered so we can determine data collection needs. • Important that social determinant data be collected in conjunction with the solution put into place to answer whether the interventions impact SDH. • Making sure we have the correct analysis of the data and that it becomes part of the tracking to ensure we're getting the results we expected. • Need to measure our own successes for this project/grant. • Plan must ensure security of data. | |