Big Sky Care Connect

Back-ground

- Cost of care and care quality needs to improve in Montana and U.S.
- Montana lacks a comprehensive platform for health information exchange and analytics between public, private, payer and clinical orgs
- Healthcare orgs need infrastructure to support value based payment models
- Local HIE pilots are forming and can benefit from state-wide coordination
- Governor’s State Innovation Model prioritizes Health IT development

Call to Action

Plan for a non-profit organization that:
- Broadly represents Montana’s healthcare stakeholders
- Improves access to and quality of health care
- Has governance policies that are inclusive, non-discriminating, and that mitigate conflicts of interest through transparent decision-making

Planning Process:

>100 Participated in Planning

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Avg Meetings Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Systems</td>
<td>3.4</td>
</tr>
<tr>
<td>Clinics</td>
<td>4.1</td>
</tr>
<tr>
<td>Hospitals</td>
<td>1.8</td>
</tr>
<tr>
<td>Associations</td>
<td>4.9</td>
</tr>
<tr>
<td>State/Local...</td>
<td>4.0</td>
</tr>
<tr>
<td>Payers</td>
<td>2.0</td>
</tr>
<tr>
<td>QIOs</td>
<td>2.5</td>
</tr>
<tr>
<td>Students</td>
<td>1.3</td>
</tr>
<tr>
<td>Comm.Health.Ctrs</td>
<td>2.0</td>
</tr>
<tr>
<td>DPHHS</td>
<td>3.0</td>
</tr>
<tr>
<td>VA</td>
<td>1.3</td>
</tr>
<tr>
<td>Employer</td>
<td>3.5</td>
</tr>
<tr>
<td>TPAs</td>
<td>3.5</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1.0</td>
</tr>
<tr>
<td>Dentist</td>
<td>1.0</td>
</tr>
<tr>
<td>Indian Health</td>
<td>2.0</td>
</tr>
<tr>
<td>Medical Education</td>
<td>3.0</td>
</tr>
<tr>
<td>Other</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Total Meetings: 18

# Unique People Who Attended

5 Committees:

- Governance: 12/6/2016, 12/19/2016, 1/30/2017, 7/13/2017
- Clinical Quality: 12/7/2016, 1/9/2017, 2/3/2017
- Privacy & Security: 12/7/2016, 1/19/2017, 2/8/2017
- Business-Finance: 12/7/2016, 1/20/2017, 3/27/2017
- Technology: 12/7/2016, 2/13/2017

Potential to Expand on 2-Year HIE Proof-of-Concept Project in Billings

Geographic distribution of planning participants
New Revenues
- Closing care gaps
- Market analytics to optimize service delivery
- Quality track/report for value-based payment models
- Access to alternative payment models
- Better infrastructure for at-risk payment models
- Enhance provider recruitment / retention

Avoid Costs & Losses
- Reduce 30-day readmit penalties
- Avoid costly patient safety penalties
- Avoid unnecessary / costly duplication
- Reduce health IT costs
- Integrate Med reconciliation / Prescription Drug Registry
- Business Continuity / Disaster Recovery resource
- Community health needs assessments

Better Care
- Behavioral health integration
- Empower telehealth
- Coordinate social determinants
- Better emergency response
- Reduced radiation exposure
- Natural disasters / emergencies
- Avoidable adverse drug events
- Closed care gaps
- Better care coordination
- Public health improvements

Montana’s Clinical and Quality Priorities for Shared Infrastructure:

### Better Care Coordination
1. Admit/Discharge/Transfer (ADT) Alerts
2. Super Utilizers
3. Mental Health Coordination
4. Emergency Room Use Case
5. VA/IHS Service Transitions
6. Preadmission Reviews

### Support Value-Based Care
1. Qualified Clinical Data Registry for new required reporting (MIPS/MACRA)
2. Support innovation models: Comprehensive Primary Care +, Patient-Centered Medical Home

### Quality Measurement
1. Community Needs Assessment
2. Resource Planning
3. Retail Rx Immunizations
4. Practice improvement

### Montana Market Analysis – Sustainable: Yes
- Subscription-based HIE priced similarly to other HIEs works.
  - **Sustainability Target:** ~$3M
  - **Est. Market Potential:** ~$22M

### HIE Pilot in Billings
- 3 Health Providers, 1 Payer
- Data: 3 Clinical Sources, 1 Payer
- HIE + Analytics Vendor
- 5 Quality Measures
- Key project: Super utilizers
- Proof of Concept = Success

- Capital Funding Proposal: Federal funds are allocated to help—need to raise 10% in local funding (state government is supportive but isn’t a funding source).

Health Insurance Coverage (2016):
- Private (559K); Medicare (201K);
- Medicaid (193K); Uninsured (76K)

**14 HIE Champions emerged, committed to the formation of the new Montana HIE**

Formation of 501c3 organization for HIE is advisable, achievable, and underway