Encounter Data Project
Technology + Technical Assistance Workgroup
Working Session #1
November 4, 2019

Key Takeaways

- The workgroup approved its charter, including its charge: to develop actionable and practical solutions to the most pressing and intractable technological issues and technical information gaps preventing the complete and accurate submission of encounter data by Medi-Cal providers.

- The workgroup agreed that **providers had the greatest need for technological and technical support**, though clearinghouses, managed services organizations (MSOs), and plans would be critical stakeholders in any solution.
    - Clearinghouses, MSOs, and plans have a unique vantage point on encounter data completeness and accuracy and a responsibility to ensure downstream submitters have access to information on their encounter data reporting quality and actions that can be taken to structurally improve future submissions.

- The workgroup clarified that **gaps exist in:**
    - **Education and training**, where providers - particularly but not exclusively less well-resourced practices - may not fully understand how encounter data is used and the benefits of completing it fully and accurately
    - **Technology**, where providers lack the tools to audit the completeness of EHR-to-billing system data exchanges or "pre-validate" submissions to upstream submissions
    - **Technical knowledge**, where providers may not know how to identify and correct for encounter data reporting workflow/dataflow disconnects

- The workgroup agreed that **providers' technological and technical assistance needs will vary depending upon their existing encounter data reporting capacity**, which is closely linked to whether they have previously been "well resourced" or "less well resourced" in this area.
    - **"Well-resourced" providers may require more advanced technical assistance** to help understand where data might be incomplete (e.g., benchmarking) or where gaps in their workflows/dataflows might exist. They may also benefit from more advanced technological tools, such as condition-specific reporting templates, business intelligence tools that allow for analytics on their own encounter data, and pre-submission validation applications.
    - **"Less well-resourced" providers may require more basic education and training** on what encounter data is and why it is important, **and technological upgrades** to their EHRs/billing systems/practice management systems to allow for the collection and translation of clinical information into critical encounter data.
    - The workgroup noted that providers with some level of investment in and understanding of encounter data reporting **may be the ones for which assistance could have the greatest market impact**. The workgroup believes these providers may benefit from technical assistance on how to leverage their existing technology and how to identify/resolve issues in their encounter data reporting processes.

- The workgroup emphasized that, to impact statewide Medi-Cal encounter data completeness and accuracy, **solutions need to be:**
    - **Scalable**, replicable or easily accessible across organizations at relatively low cost
    - **Sustainable**, showing ongoing value to ensure continued investment by impacted stakeholders
    - **Feasible/viable**, based on potential cost, stakeholder willingness to engage, and known barriers to implementation

- **The workgroup prioritized the following tactics and strategies for further research and discussion:**
    1. **"Encounter Data 101"** (virtual trainings)
    2. **"Encounter Data: Defining the Value Proposition"** (stakeholder educational material)
    3. **Encounter Data Reporting: Site Assessments** (direct TA or "how to" trainings)
        - **3a. Workflow Assessments**
        - **3b. Dataflow Assessments**
    4. **Promoting Implementation of "Pre-Validation" Tools**
    5. **Technological and Technical Affinity Groups**
    6. **Facilitating Collaborative Action to Influence CA HIT Vendor System Development**

- The **next Technology + Technical Assistance Workgroup working session will be on Tuesday, December 3, 2019**, and will focus on:
    - Evaluating potential resolution strategies
    - Developing consensus around potentially scalable solutions in each issue area

Potential Tactics and Strategies for Further Research and Discussion

1. "Encounter Data 101" (virtual trainings)

Category: Education/Training

Concept: Training program that covers: what encounter data are, how they are used, and why they are important

Target Audience:

Providers (by level of previous investment)			Intermediaries	Plans	DHCS	HIT Vendors
Low	Mid	High				
✓	✓	✓		✓ (Small/new)		

Workgroup Questions/Considerations:

- Can trainings be "virtual" and tiered to accommodate audiences of varying expertise?
- Trainings need to be "evergreen": accommodating the constant churn of new billing staff; and continually refreshed to represent the latest coding/standards updates

Potential Best Practice Example(s) or Contacts

- OCHIN?

2. "Encounter Data: Defining the Value Proposition" (stakeholder education material w/ profiles)

Category: Education/Training

Concept: Audience-specific "education" material on the value of investing in complete and accurate encounter data; may include profiles of those benefiting and best practices used to support enhanced encounter data collection or production

Target Audience:

Providers (by level of previous investment)			Intermediaries	Plans	DHCS	HIT Vendors
Low	Mid	High				
✓	✓	✓		✓	✓	

Workgroup Questions/Considerations:

- Material would target provider/plan CEOs/CMOs, emphasizing the value (financial and otherwise) of enhanced reporting (e.g., improved quality scores, better ratings, more accurate rate setting), and best practices on how to link this value to downstream submitters (i.e., incentive structures)
- Material will need to be sharp, simple and "elegant," highlighting the tangible value submitters can realize by investing in better submission
- There presently isn't a lack of clear, unified messaging in the state to providers on this issue

Potential Best Practice Example(s) or Contacts

- CCALAC: IPA Scorecard
- IEHP: Provider Dashboards

3. Encounter Data Reporting: Site Assessments (direct TA or "how to" trainings)

3a. Workflow Assessments

Category: Education/Training, Technical Assistance

Concept: Mapping of encounter data person-level "touchpoints" within an organization, from intake to outbound transmission, to identify disconnects that may lead to incomplete or inaccurate encounter data reporting. Disconnects may include: lack of consistently applied protocols and treatment of encounter data; low awareness of how to use HIT systems; inefficient or incomplete internal workflows (i.e., handoffs) resulting in disconnected feedback loops or orphaned data. "Workflow" assessments may be paired with "dataflow" and "feedback loop" assessments as part of a comprehensive strategy.

Assessment may be part of an "on-site" technical assistance program or part of a virtual training, wherein providers are shown how to conduct assessments.

Target Audience:

Providers (by level of previous investment)			**Intermediaries**	**Plans**	**DHCS**	**HIT Vendors**
Low	**Mid**	**High**				
	✓	✓				

Workgroup Questions/Considerations:

- "On-site" technical assistance has shown demonstrable results, but requires expensive, in-person engagement
- "Virtual" trainings or "how to" manuals may present a stronger return-on-investment (i.e., scalable)

Potential Best Practice Example(s) or Contacts

- CCALAC

3b. Dataflow Assessments

Category: Education/Training, Technical Assistance

Concept: Mapping of encounter data system-level "touchpoints" within an organization, from intake to outbound transmission, to identify disconnects that may lead to incomplete or inaccurate encounter data reporting. Disconnects may include: improperly installed systems or programs; missing system modules/programs; missing or incomplete edit checks; or lack of automated templates or programs to translate EHR information into billing information; inefficient, makeshift, or incomplete internal dataflows resulting in disconnected feedback loops or incomplete or inaccurate data. "Dataflow" assessments may be paired with "workflow" and "feedback loop" assessments as part of a comprehensive strategy.

Assessment may be part of an "on-site" technical assistance program or part of a virtual training, wherein providers are shown how to conduct assessments.

Target Audience:

Providers (by level of previous investment)			Intermediaries	Plans	DHCS	HIT Vendors
Low	Mid	High				
	✓					

Workgroup Questions/Considerations:

- "On-site" technical assistance has shown demonstrable results, but requires expensive, in-person engagement
- "Virtual" trainings or "how to" manuals may present a stronger return-on-investment (i.e., scalable)

Potential Best Practice Example(s) or Contacts

- CCALAC/ Elevation Health Partners

4. Promoting Implementation of "Pre-Validation" Tools

Category: Technology

Concept: Foster industry-wide efforts to enhance provider and plan data submission transparency (e.g., pre-submission validation tools)

Target Audience:

Providers (by level of previous investment)			Intermediaries	Plans	DHCS	HIT Vendors
Low	Mid	High				
✓	✓	✓		✓	✓	✓

Workgroup Questions/Considerations:

- Efforts in this area should be "tool agnostic"
- Tools may be used to track encounter data across its lifecycle, from providers to plans to regulators, to provide feedback; they may be used to "pre-validate" submissions
- Edifecs was raised as an example, implemented by Texas Medicaid to provide providers with self-assessments on gaps between their EHRs and claims

Potential Best Practice Example(s) or Contacts

- IEHP
- Edifecs/other vendors

5. Technological and Technical Affinity Groups

Category: Technology, Technical Assistance

Concept: Establish EHR and practice management system affinity groups for providers and HIT vendors to share best practices, standardize approaches, and minimize disruptions caused by system changes

Target Audience:

Providers (by level of previous investment)			Intermediaries	Plans	DHCS	HIT Vendors
Low	Mid	High				
		✓	✓	✓	✓	✓

Workgroup Questions/Considerations:

- Affinity Groups would require user, vendor, and state/regulator participation to ensure alignment
- Participants also noted value in provider-plan convenings focused on stronger encounter data reporting – *potential spin-off area for further attention*

Potential Best Practice Example(s) or Contacts

- Institute for High Quality Care (IHQC)?
- Abby Sears/OCHIN?
- LA County?

6. Facilitating Collaborative Action to Influence CA HIT Vendor System Development

Category: Technology, Technical Assistance

Concept: Spurring coordinated action by EHR/system users to influence product changes by vendors that would enhance encounter data intake, digestion, or output; this may include the development of tools, like condition-specific templates

Target Audience:

Providers (by level of previous investment)			Intermediaries	Plans	DHCS	HIT Vendors
Low	Mid	High				
	✓	✓			✓	✓

Workgroup Questions/Considerations:

- Collective purchasing power and influence may be used to influence product design and standards to better reflect needs of working in the California (i.e., Medi-Cal) market (e.g., Planned Parenthood and NextGen partnership to customize Title X reporting)
- Vendors are utilizing standards and processes that are not aligned with one another or current market standards
- HIT representatives emphasized that while modules like templates can be developed to satisfy a "need," they may not be scalable: providers frequently want customized templates, which reduces ease of replicability (in the template example, there may only be a limited number of conditions for which they may be worthwhile).
- HIT expert input in this area will be critical.

Potential Best Practice Example(s) or Contacts

- SF Community Clinic Consortium?
- OCHIN?
- NextGen?

Working Session Attendees			
Co-Chairs			
Michael Deering	CIO	Inland Empire Health Plan (IEHP)	✓
Louise McCarthy	President & CEO	Community Clinic Association of LA County (CCALAC)	✓
Members			
Mary Bacaj	Head of Value-Based Care	Conifer Health Solutions	✓
Jodi Black	VP, Center for Economic Services	California Medical Association (CMA)	✓
Bridget Cole	Executive Director	Institute for High Quality Care (IHQC)	✓
Thomas Farmer	Director of Specialty Care Solutions for Community Health	NextGen	
Stephen Gutierrez	CIO	Northeast Valley Health Corporation (NEVHC)	
Juan Macedonio	HCCN Project Manager	Physicians Trust	✓
Sabra Matovsky	CEO	San Francisco Community Clinic Consortium	✓
David Mosher	Director, California Medicaid Operations	Anthem Blue Cross	✓
Noelle Porter	VP	TransUnion	✓
Fia Roberts	Sr. Director	Health Net	✓
Abby Sears	CEO	OCHIN	✓
Ates Temeltas	Assistant IT Director	Contra Costa Health Services	✓
Andrew Wong	Encounter Data Unit Chief	California Department of Health Care Services	✓
Workgroup Member Support Staff			
Cherise Funakoshi	Senior Business Relationship Manager	Transunion	✓
Eugenia Serpik	Director of IT – EDI	Inland Empire Health Plan (IEHP)	✓
John Shannon	VP, Business Development	Physician Trust	
Facilitators and Workgroup Support Staff			
Kevin McAvey	Senior Manager	Manatt Health Strategies	✓
Jonah Frohlich	Managing Director	Manatt Health Strategies	✓
Tony Brown	Consultant	Manatt Health Strategies	✓
Amy Ramos	Senior Research Consultant	Harder + Co	✓
Stephanie Landrum-Hall	Manager of Community Grants	Health Net	✓