

# 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

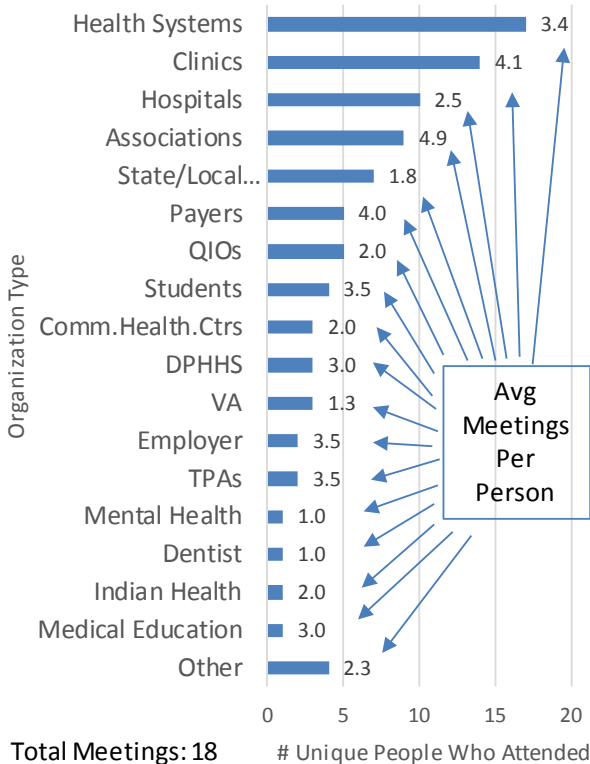
## Call to Action

Plan for a non-profit organization that:

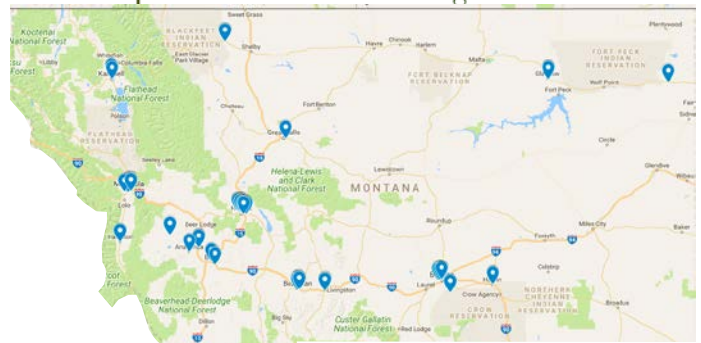
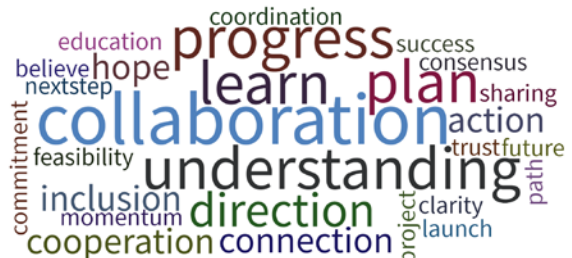
- Broadly represents Montana's healthcare stakeholders
- Improves access to and quality of health care
- Has governance policies that are inclusive, non-discriminating, and that mitigate conflicts of interest through transparent decision-making

## Planning Process:

>100 Participated in Planning



## 5 Committees:



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

Geographic distribution of planning participants

# Project Outcomes:

Privacy & Security precedents are established

Legal frameworks are available and viable

## Key Value Propositions for Montana Providers

### 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

Technology solutions are viable / available, and procurement guidelines have been defined.

## Montana Market Analysis – Sustainable: Yes

State #'s	Count
Clinicians	5,604
Facilities	879
Hospitals	65
FQ Health Centers	62
Long Term Care Facilities	76
Mental Health Centers	26

Subscription-based HIE priced similarly to other HIEs works.  
*Sustainability Target: ~\$3M*  
*Est. Market Potential: ~\$22M*

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).

### 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

**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**