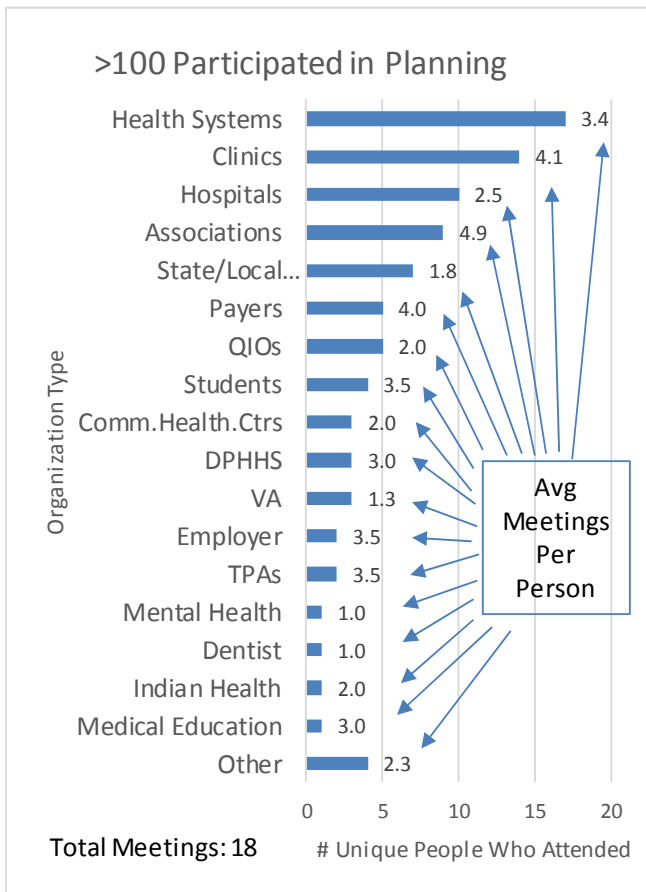


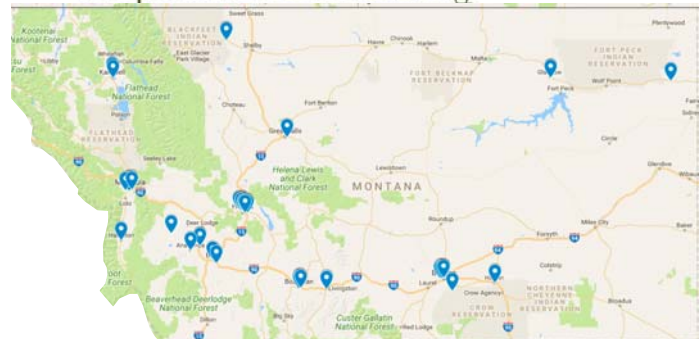
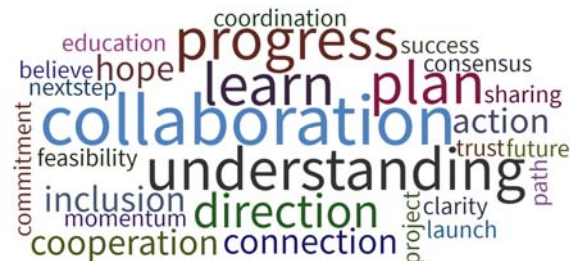
Big Sky Care Connect

Back-ground	<ul style="list-style-type: none"> • 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	<p>Plan for a non-profit organization that:</p> <ul style="list-style-type: none"> • 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:



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