

<p><b>Purpose:</b></p>	<p>The Clinical Workgroup - representing the provider community - will:</p> <ul style="list-style-type: none"> <li>• Gather information about priorities for clinical improvement programs, plans and outcomes from stakeholders in order to facilitate communication, coordination and alignment of priorities and efforts,</li> <li>• Identify common data sets, nationally standardized quality metrics, necessary clinical data elements, nomenclature, format and presentation to support exchange of clinical information, improvements in clinical care delivery and sustainability to achieve goals set by HIP TN,</li> <li>• Identify core quality improvement areas in accordance with the State Health Plan process to target for feedback of performance information to providers and consumers to help them partner to deliver and get the care they need most,</li> <li>• Engage regional providers in developing sustainable regional quality improvement infrastructure to help them use quality information and disseminate and implement best practices,</li> <li>• Define high-value/high priority uses and/or use cases for HIE</li> <li>• Identify barriers to adoption of HIT and HIE and suggest approaches to mitigate barriers,</li> <li>• Identify and disseminate best practices at the national, state, and regional levels,</li> <li>• Identify datasets, clinical workflow enhancing functionality, and analytics and reporting that facilitate disease management and allow participation in new models of care delivery, including Medical Home and Accountable Care Organizations.</li> </ul>
<p><b>Meeting Schedule:</b></p>	<p>The Clinical Workgroup will initially meet weekly or bi-weekly. Meeting frequency is subject to change based on need.</p>
<p><b>Scope and Boundaries:</b></p>	<p>The Clinical Workgroup will:</p> <ul style="list-style-type: none"> <li>• Gather information about priorities for clinical improvement programs, plans and outcomes from stakeholders-- including but not limited to CMS, State Health Plan, State Plan (State Strategic Plan + State Operations Plan), Regional Extension Center, HRSA, other local / regional initiatives, and other states' initiatives in order to facilitate communication, coordination and alignment of priorities and efforts,</li> <li>• Develop Use Cases that address transitions in care and referrals. At a minimum, the use cases will include the exchange of clinical information at the point of care throughout the state for primary care (adult and pediatric) ambulatory, acute care inpatient hospital settings, and emergency departments,</li> <li>• Consider at all times the patient's perspective:             <ul style="list-style-type: none"> <li>○ Does the patient understand the benefits and risks?</li> <li>○ Does the patient desire information to be made exchanged?</li> <li>○ What data is available at the point of care?</li> <li>○ Who has access to the information and for what purpose?</li> </ul> </li> <li>• Work with the Consumer Workgroup to insure that clinical quality information fed back through the exchange is meaningful to consumers and helps them understand and partner with their physicians to get the care they need most,</li> <li>• Focus on data exchange between different legal entities, rather than within the same legal entity (ie, inside a single integrated delivery</li> </ul>

	<p>network),</p> <ul style="list-style-type: none"> <li>• Meaningful Use objectives should be considered in identifying (and prioritizing, if appropriate) data elements,</li> <li>• Clinical priorities should align with those determined by the State Health Plan and Regional Extension Center,</li> <li>• Work within the State’s defined priorities for addressing technical needs for providers throughout the state to exchange health information electronically. The State will provide guidance on priorities and support to enable exchange capabilities for providers in different locations (e.g. rural, urban, suburban), as well as those serving “vulnerable and underserved”<sup>1</sup> populations.</li> </ul>
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<sup>1</sup> “Vulnerable” denotes high risk for healthcare problems. “Underserved” denotes populations that receive fewer healthcare services than required for actual or potential healthcare problems – JAMIA

Medically Underserved populations are those with economic barriers or cultural or linguistic access barriers to primary medical services – HRSA

There is considerable overlap between Vulnerable and Underserved but an individual may be vulnerable and not yet underserved – JAMIA

Source: <http://jamia.bmj.com/content/11/6/448.full.pdf>

<p><b>Objectives and Goals:</b></p>	<ul style="list-style-type: none"> <li>• Identify the clinical priorities for HIP TN and create a coordination plan to incorporate these priorities into the overall HIP TN strategy and the State Plan (State Strategic Plan and State Operations Plan) and enable Meaningful Use,</li> <li>• Support HIP TN RFP process through the identification of clinical data elements to be exchanged to support patient care at the point of care.</li> </ul>
<p><b>Measures of Success:</b></p>	<p><i>TBD as part of the planning and requirements documentation process, but need to tie into the Clinical priorities and goals.</i></p>
<p><b>Deliverables:</b> Timeline for deliverables will be the “first” deliverable from the work group.</p>	<ul style="list-style-type: none"> <li>• List of Clinical Priorities for HIP TN and proposed measures for tracking progress,</li> <li>• Plan for coordination of HIP TN Clinical Priorities, State Strategic Plan, State Health Plan, Regional Extension Center priorities, and Meaningful Use requirements,</li> <li>• List of prioritized data elements for exchange through statewide HIE system that will support POC in the primary ambulatory care settings, acute care inpatient settings and emergency departments, including list of key primary care dashboards elements needed most to track and improve quality of care for clinical priority conditions at the point of care,</li> <li>• List of core quality metrics needed most for online feedback to primary care providers of regular registry patient panel reports.</li> </ul>
<p><b>Constraints:</b></p>	<ul style="list-style-type: none"> <li>• Prioritization of provider settings and locations (beyond what is stated above under scope) will be driven by the State Plan, but need to align with REC plan as well,</li> <li>• Meaningful Use and the stages for implementation will affect priorities,</li> <li>• Coordination with other state plans including but not limited to TennCare’s plans to support Medication Management, Lab Translation, and access to registries.</li> </ul>
<p><b>Other related projects/initiatives that the Clinical Workgroup needs to coordinate with:</b></p>	<ul style="list-style-type: none"> <li>• State Planning initiatives that include TennCare Plans, eHealth plans for statewide HIE (Strategic Plan and Operations Plan), State Health Plan, Department of Health, Department of Mental Health, Department of Corrections, others TBD,</li> <li>• Meaningful Use requirements,</li> <li>• Regional Extension Centers,</li> <li>• Other workgroups, including those led and supported by HIP TN (e.g. P&amp;S, Technical, Sustainability and Consumer).</li> </ul>