Technical Assistance for Health Information Technology
and Health Information Exchange in
Medicaid and CHIP

Implementing an EHR in Medicaid-CHIP Agencies: A Practical Review of Costs, Models, Opportunities, and Challenges

A Web-based Workshop
1:30 p.m.–4:30 p.m. (EST)
December 15, 2009

Workshop Workbook
Presentation Materials and Resources

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care   www.ahrq.gov

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Implementing an EHR in Medicaid-CHIP Agencies: A Practical Review of Costs, Models, Opportunities, and Challenges

Tuesday, December 15, 2009, 1:30–4:30 pm Eastern

Presented by

Kim Davis-Allen, Project Manager, Together for Quality Project and Director of Medical Services Division, Alabama Medicaid

Teri Green, State Medicaid Director, Wyoming Medicaid

Moderated by

Erin Grace, Senior Manager, Health IT and Senior Advisor for Rural and Community Health, Agency for Healthcare Research and Quality (AHRQ)

Funded by the Agency for Healthcare
Research and Quality

Overview

- Welcome—Erin Grace, MHA, Center for Primary Care, Prevention, and Partnerships, AHRQ
- Introduction—Erin Grace
- Icebreaker—Erin Grace
- Presentations
  - Module 1: Together for Quality: Information When You Need It. Presented by Kim Davis-Allen, Together for Quality Project and Alabama Medicaid
  - Module 1: Discussion
  - Module 2: Wyoming Total Health Management and the Total Health Record. Presented by Teri Green, State Medicaid Director, Wyoming Medicaid
  - Module 2: Discussion
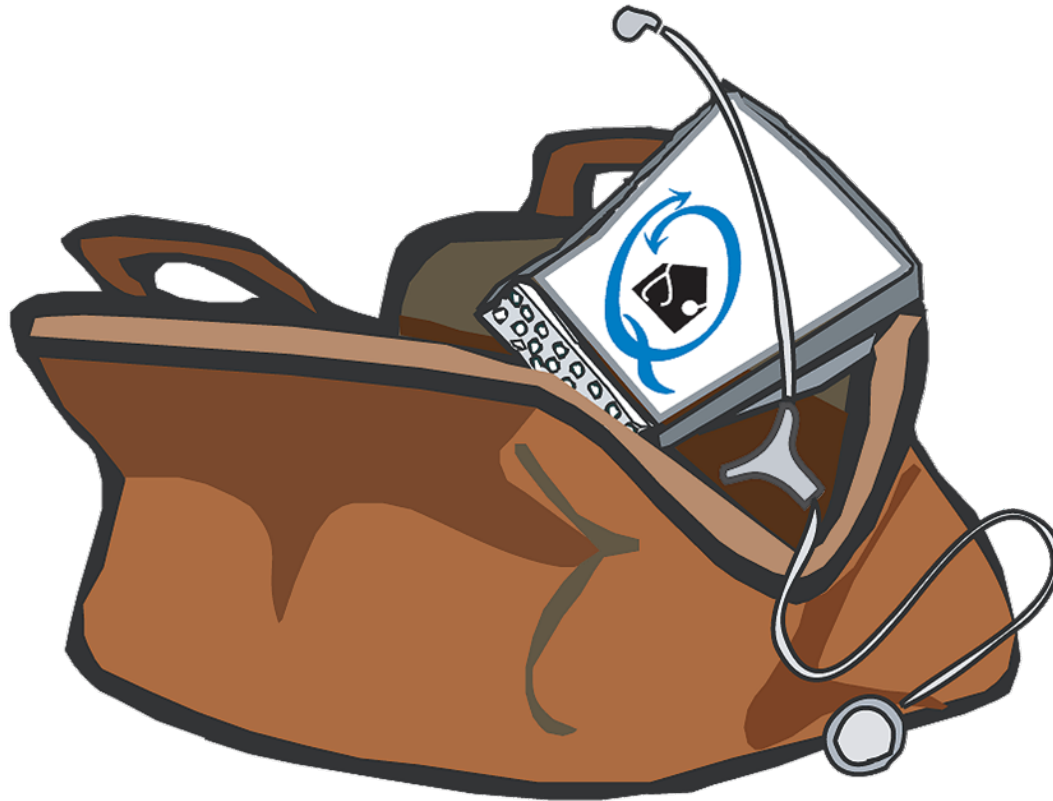- Closing Remarks—Erin Grace

Module 1: Together for Quality

Information When You Need It

Presented by:

Kim Davis-Allen, Together for Quality Project, Alabama Medicaid

Together for Quality

Information When You Need It

Kim Davis-Allen

Need to Know

Alabama

- 67 counties
- Largely rural
- 4 major metro areas
- 4.6m total population
- 1.3m children
- 21% of population is Medicaid
- 40% of all children
- 48% of all births
- $4b in direct payments

Patient 1st

- Traditional PCCM model
- Basically since 1997
- Medical home concept
- 420,000ish enrollees
- 1,100ish providers
- Tiered case management fee
- Direct services are FFS
- Sharing of the savings

The TFQ Vision

To create a statewide electronic health information system (HIS) that links Medicaid, state health agencies, providers, and private payers and establishes a comprehensive, quality improvement model for the Alabama Medicaid Program.

TFQ Measures

Asthma

- Asthma controller use
- Influenza immunization
- Emergency department visits
- Hospitalizations

Diabetes

- Influenza immunization
- Annual HbA1C
- Annual lipid profile
- Annual eye exam
- Annual urine protein screening

- Developed by the Clinical Workgroup
- Target goals

Diabetes (Overall Percentages)

Measure	Baseline	Goal 1 (4 months)	Goal 2 (8 months)	Target (12 months)
Annual influenza vaccine	13.64%	14.93%	17.50%	18.78%
Annual HbA1C	53.21%	54.56%	57.25%	58.59%
Lipid management	42.23%	43.55%	46.19%	47.51%
Annual eye exam	24.76%	26.08%	28.71%	30.02%
Annual urine protein screening	49.86%	51.20%	53.88%	55.22%

Asthma (Overall Percentages)

Measure	Baseline	Goal 1 (4 months)	Goal 2 (8 months)	Target (12 months)
Asthma controller (service) 1a	9.69%	9.59%	9.38%	9.28%
Asthma controller (Rx) 1b	34.83%	34.58%	34.07%	33.82%
Annual influenza immunization	24.55%	25.86%	27.93%	29.80%
ED visit	8.90%	8.80%	8.59%	8.48%
Hospitalization	3.53%	3.42%	3.19%	3.07%

Framework

Together for quality

- $7.6M transformation grant
- Three components
  - Agency interoperability
  - Electronic health record
  - Chronic care management
- Stakeholder Council
  - Five workgroups
- Patient 1st is foundation
- "It's a pilot"

Goals and approach

- Quality focused, patient centered, cost effective
- Meld disparate systems
- Built upon existing resources
- Collaboration–"even if it kills you!"
- Transparent
- Integrated into daily operations

Alabama Information Exchange

Q^4U Care Management
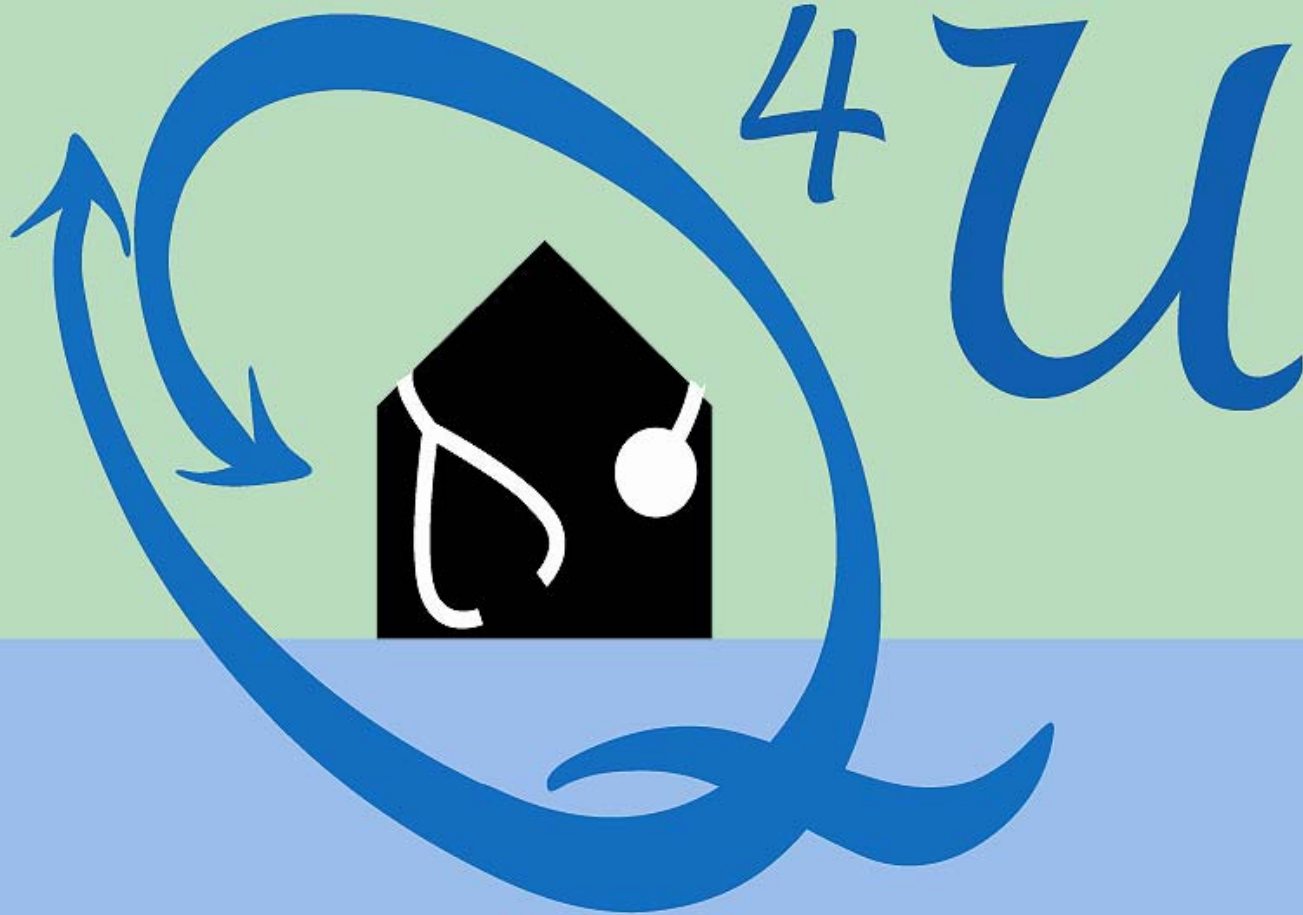
Q Tool Clinical Support Tool

Alabama Information Exchange

Agency Interoperability

- Sharing information on common patients
- Workflow
- Complaints and grievances
- Audits
- Follow-up information as necessary
- Green effort

Care Management

What is Q^{4}U?

- It is a comprehensive chronic care management program.

- Asthma and diabetes are targeted diseases.

- Protocols are designed to affect all disease facets.

- It is accomplished through Alabama Dept. of Public Health care coordinators (aka care managers).

- Care managers provide patient training, education, and reinforcement.
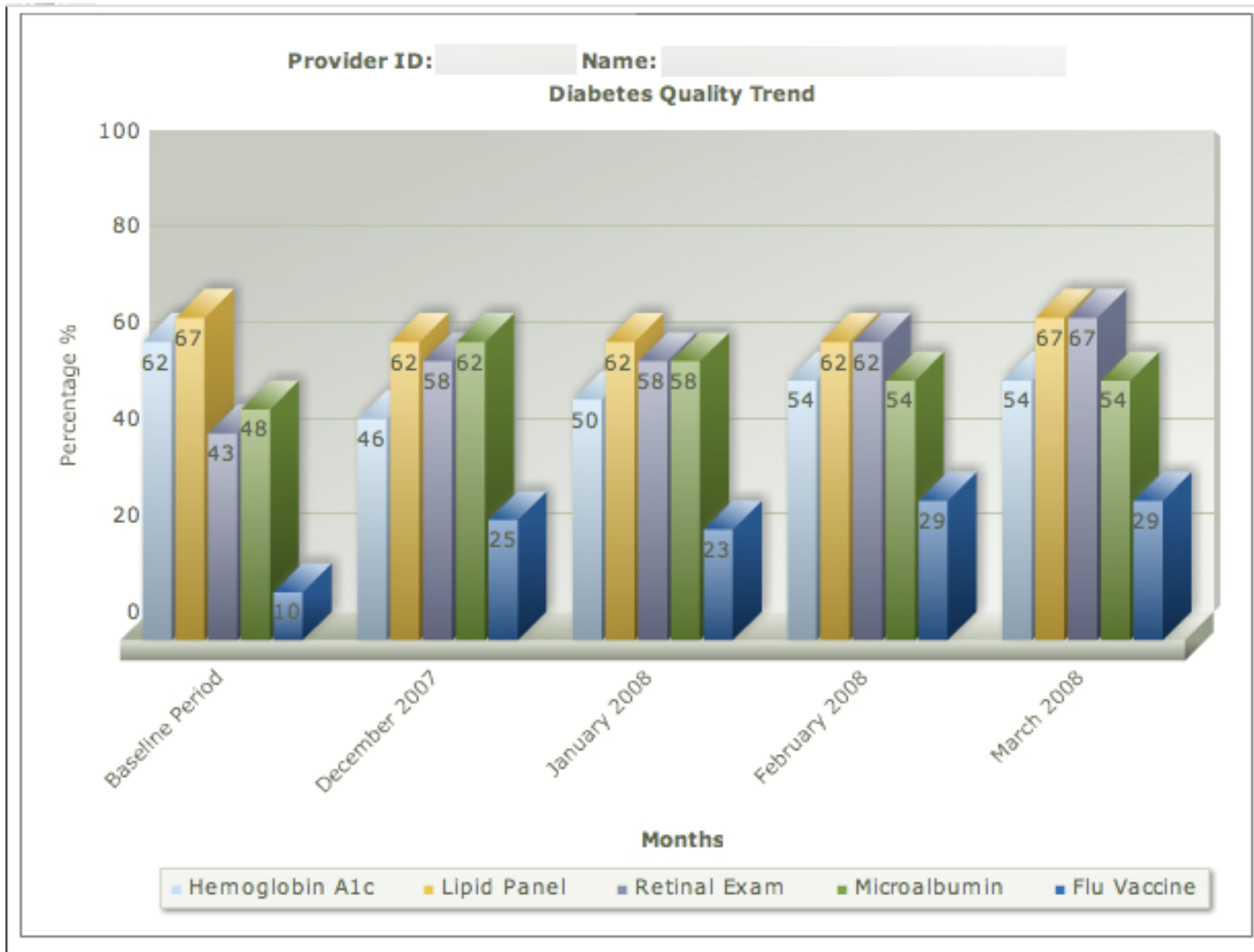
Dashboard Reporting

Diabetes Quality Trend Report

What is Qtool?

- Electronic health care record
  - Medicaid claims
  - BCBS claims
  - Lab values
  - Immunization history
- Overlaid with clinical rules and alerts
  - Asthma and diabetes are targeted diseases
  - Immunization alerts
  - Drug alerts
  - Allergies

The Inner Workings

- Web-based transactional database and code to support real-time HL7
- Push/pull capability
  - Real-time data exchange
  - Created CCD (Continuity of Care Document) HL7 standard patient history transaction to EMRs
- Data request and response with BCBS

- MPI logic
  - Match vs. new
- Summary and detail information
- Product for providers to identify with
- Protected data (e.g., mental health diagnoses)
- Actionable alerts
  - Clinical
  - Workflow

Provider Deployment

- Primary care providers
- Nine pilot counties
  - Q4U combo
- Mini-agreement
- Grants
  - Connectivity
  - Equipment
  - Vendor

Evaluation

- All three components
- Use vs. use
- Impact on provider behavior
- Impact on patient outcomes
- Direct and indirect
- Platform for sustainability

AND?

The future is upon us.

The E-Health Connected Medicaid Health System

Hospital care coordination

Diagnostics

Specialist referral

EHR/HIE

Primary care medical home provider

Order entry lab result reporting

E-prescribing

Remote patient self-monitoring

MCO medical medical mgmt.

Research
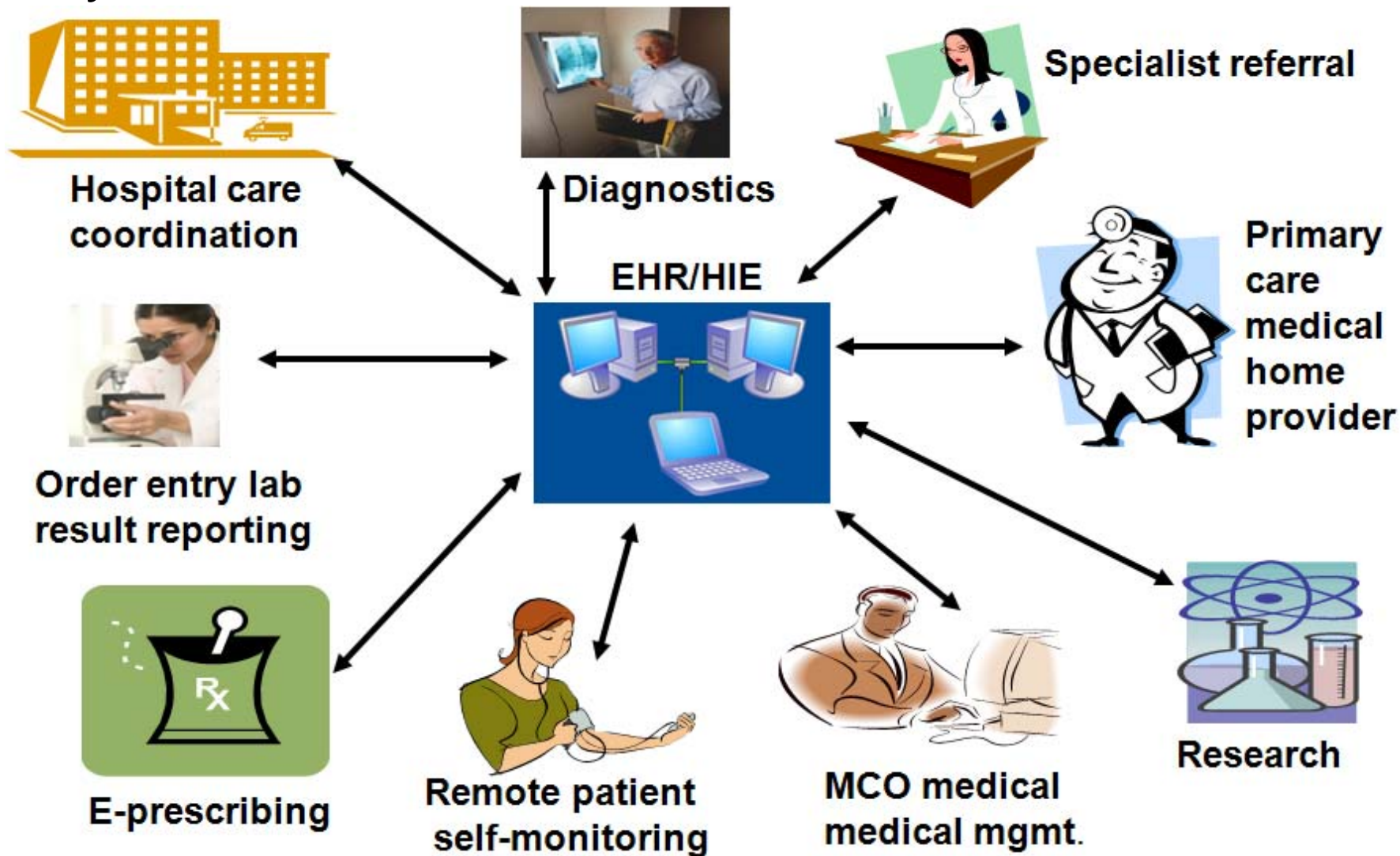
WHY Me?

- Medicaid and CHIP will be leaders
- Knowledge and resources
- Ability to set the vision and carry it through
- In order to survive, must have change

When Sharing the Love

- There has to be
  - Leadership
  - Vision
  - Direction
- There has to be
  - Consensus
  - Privacy
  - Access
  - Security
  - Patient consent

- There has to be
  - Value
  - Enhanced workflow
  - Streamlined operations
- There has to be
  - Well-thought-out plan
  - Sensitivity to factors
  - Education

The Wrong End Result
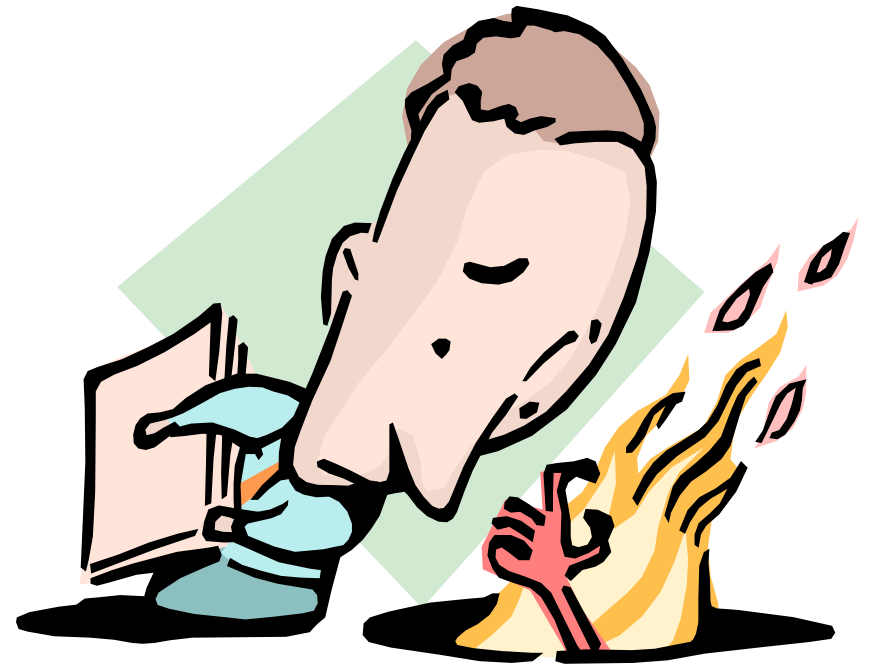
- Limited information is limited information
- Multiple systems equal low or no use
- Resource burnout
- Competing priorities
- Nothing

Pitfalls to Avoid

- Time
- Legal issues
- Technical issues
- Provider education
- Internal education
- Too much too soon

Can't Get Enough?

Kim Davis-Allen

Kim.davis-allen@medicaid.alabama.gov

(334) 242-5011

www.medicaid.alabama.gov/transformation

Module 1: Discussion

- Has your agency begun implementation of an EHR system?

- If so, what approach has your agency taken to implementing your EHR system?

  - What kinds of planning activities did you engage in? Who was involved?

  - What kind of training opportunities are available and to whom?

- What are the top three challenges you have faced in your agency's EHR implementation?

  - What strategies have proven effective in helping you to address these issues?

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Module 2: Wyoming Total Health Management and the Total Health Record

Presented by:

Teri Green, State Medicaid Director, Wyoming

Total Health Management and the Total Health Record

- This presentation will provide
  - An overview of the Wyoming model
  - A history of our implementation to date
  - Future plans

Basics

- Frontier state with population of approximately 515,000
- 65,000/per month covered by Wyoming Medicaid (81,000/year)
- 100% fee for service
- 98% participation from providers

Basics

- Total Population Health Management program, inception July 1, 2004, by RFP

- Funded by Department of Health, Office of Health Care Financing—EqualityCare Program (Medicaid)

- Cost-containment mandate, legislatively funded

- Administered by APS Healthcare

- Serves about 63,000+ EqualityCare clients per month, regardless of an individual's health status

Healthy Together Philosophy

- Strengthens relationship with physicians and other health care providers; it does not replace it
- Seeks to ensure that patients receive all appropriate care services, avoiding under-utilization AND over-utilization, as well as duplication of efforts in the health care community
- Emphasizes self-management and behavioral change
- Focuses on changing behavior through education, telephonic coaching
- Encourages healthier lifestyles and healthier decision making

Total Health Record (THR)

- Pay For Participation (P4P)
- Patient Centered Medical Home (PCMH)
- Electronic Health Record (EHR)
  - HIE framework—interoperability, MMIS, pharmacy, immunizations, vital records, labs, EHDI, EMRs, APS, hospitals

P4P

- P4P is the first component in Wyoming's THR but the next step in our Health Management Program
  - Support from Wyoming Department of Health and Medicaid program leadership
  - Advisory Board formed February 2007
  - Amendment to contract with APS Healthcare to support program, August 2007
- Why pay for *participation* and not performance?
  - Potential for reduced reimbursement
  - No managed care in Wyoming
  - 100% fee for service
  - Reward at time of service
  - Maintain provider base
  - Provides incentives for the provider to manage patients with certain conditions based on evidence-based guidelines

Primary Care Medical Home (PCMH)

- Personal physician
- Physician-directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access to care

Primary Care Medical Home (PCMH) (cont.)

- Payment to support the PCMH. Goal is to not to restrict access to specialists but to facilitate and integrate specialty care with the whole-person perspective of the patient's personal physician.

- Patients may see a specialist at any time without prior approval

- The PCMH will facilitate appropriate referrals, sharing of information, and coordination of care among a multidisciplinary team.

- The PCMH will integrate disease management (DM) support into the practice itself, rather than funding DM as a stand-alone service divorced from the treating physician.

- Patients are not locked into the PCMH, but they may affirmatively designate a PCMH as their initial point of care.

Issues

- Lessons learned
  - Disconnect between physicians and administrative staff
  - Providers forgetting to utilize new codes
  - Lack of coding knowledge
- Lack of trust in program; strategies to overcome barriers
  - Work more closely with the nursing staff in clinics
  - Provider-to-provider outreach efforts
  - Arrange for vendor health coaches to visit clinics

Personal Health Record

- Online personal health record for recipients
  - Clinical and financial alerts
  - Health care and disease education
  - Health/medication optimization
  - Therapy follow-up recommendations
  - Printable personal medical profile
  - Physician access for ER visits and break-the-glass technology

Electronic Health Record (EHR)

- Maximizes use of health information technology
- Decreases duplication of services
- Improves clinical and administrative efficiency and effectiveness
- Improves quality of care
- Decreases taxpayer burden—maximizes Federal funding and matching dollars
- Identifies threats to public health
- Empowers consumers with access to personal health care information

Web-based Pharmacy Tool

- Web-based medication therapy management solution
- Leverages pharmacist-patient relationship
- Provides pharmacist with:
  - Patient medical and prescription history
  - List of identified care management issues
- Pharmacist documents encounter
  - Encounter becomes a record on EHR

EPSDT Functionality

- Forms can be created and viewed at the recipient screen level.
- Forms are rendered using Microsoft InfoPath forms and Sharepoint.
- Forms can be completed and directly submitted to the database
- Forms can be re-pulled from the database and viewed at any time.
- Forms can be printed.
- Multiple forms can be filled out per patient, per form group, per doctor.
- Only the site that filled out a form can make updates to that form.
- Next step is Web-based assessment to be completed by parent or guardian prior to appointment.

Wyoming THR HIE Architecture
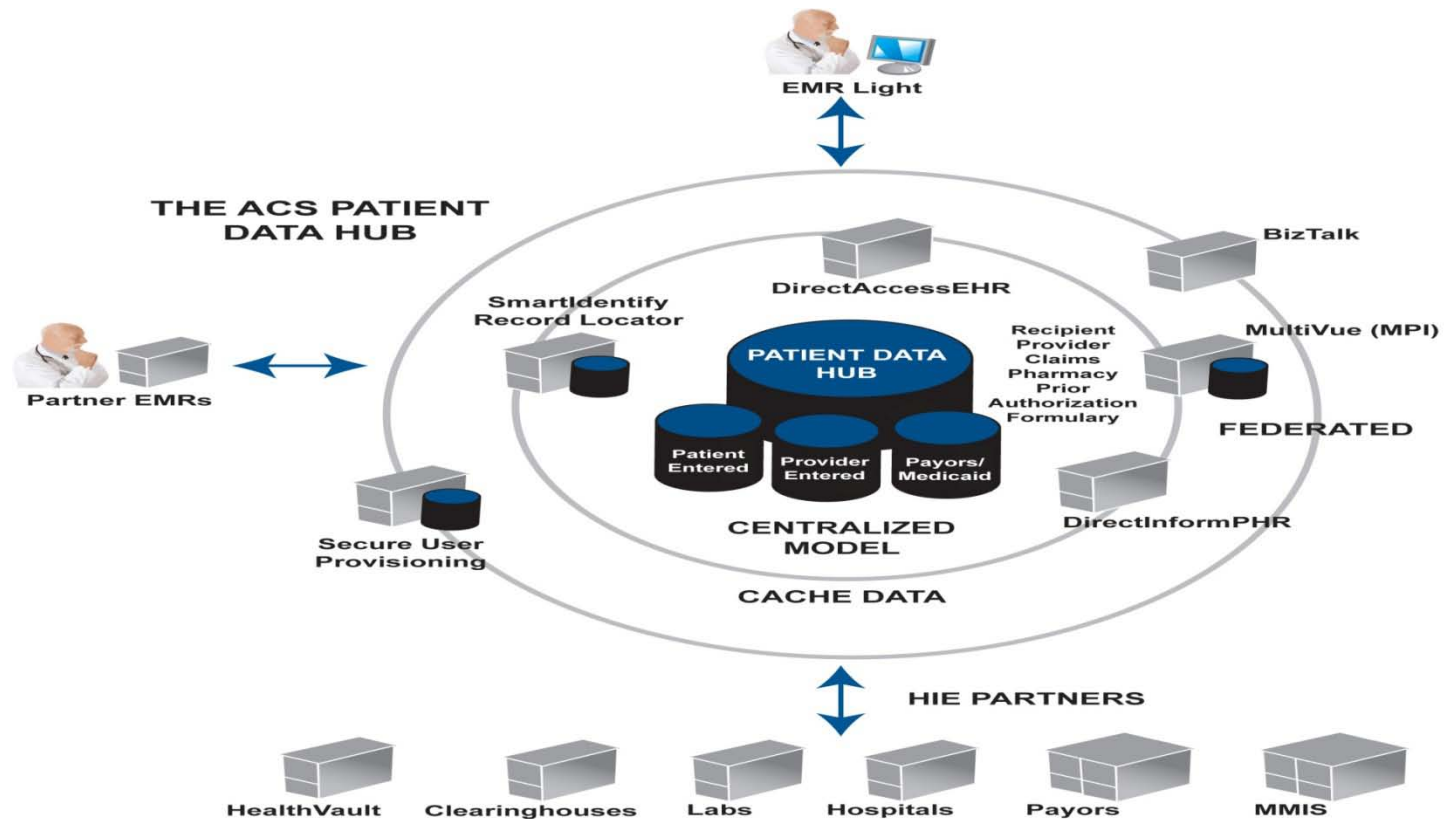
Wyoming THR Framework

- Hybrid data model: Federated and centralized
- Technology set not limited to Medicaid
- Able to integrate with Wyoming State HIE
- Not competing with Wyoming State HIE
- Scalable for future expansion
- Record locator service aggregates multiple CCDs into one
- In line with Wyoming Department of Health (WDH) platform (Microsoft, SQL)

THR End User Key Features

- PHR and EHR fully integrated
- Available for WDH clinical staff
- Clinical alerts for provider and patient
- E-prescribing, radiology imaging, clinical forms management (XDS), eligibility, prior authorization, clinical notes entry, medical Hx, behavioral health Hx, Rx Hx
- Pay for participation support
- Summarized c32 patient CCD with clinical intelligence

THR Benefits

- Integrates multiple data sources to provide comprehensive medical record
- Supports ARRA goals
- Provides customizable off-the-shelf modular solution—no build
- Is Web-enabled—only Internet access required
- No software or hardware needed by providers
- Integrates with EMRs allowing a choice for providers
- Free to Medicaid providers
- EMR lite: clinical and claims-based
- Treats the whole person and allows for continuity of care
- Decreases inappropriate and duplicative care
- Provides clinical alerts for provider clinical decision support
- Data warehouse—provides outcome quality metrics and reporting
- Integrated with APS (care plans)
- Population health management and pandemic alerts

THR Timelines

- Timelines
  - Implementation period—12 months
    - Phase I—February 2010
    - Phase II—August 2010
  - Operations and maintenance period I—September 2010
  - Operations and maintenance period II—September 2011

Future Components/Roadmap

- State Medicaid HIT/HIE Roadmap
- Leverage 90/10 FMAP
- Stay ahead of the curve
- Client and provider training
- Won't be easy, but will be worth it

Module 2: Discussion

- What efforts is your agency making to facilitate the interoperability of your EHR system with outside provider and payer EHRs?
  - What organizations have you partnered with in these efforts?
- What barriers have you faced in fostering interoperability of these systems?
  - How have you or are you planning to address them?

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- Or follow the instructions below
  - Send an e-mail message to: listserv@list.ahrq.gov.
  - On the subject line, type: Subscribe.
  - In the body of the message type: sub Medicaid-SCHIP-HIT and your full name. For example: sub Medicaid-SCHIP-HIT John Doe.

- You will receive a message asking you to confirm your intent to sign up.

Comments and Recommendations for Future Sessions

Please send your comments and recommendations for future sessions to the project's e-mail address:

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Project Information

Please send comments and recommendations to:

Medicaid-SCHIP-HIT@ahrq.hhs.gov

or call toll-free:

1-866-253-1627

http://healthit.ahrq.gov/Medicaid-SCHIP

RESOURCES

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2. American Health Information Management Association (AHIMA) (2006, October). *Quality healthcare data and information.* Position statement. Available online in the FORE Library: HIM Body of Knowledge at www.ahima.org.

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4. Goroll, A. H., Simon, S. R., Tripathi, M., Ascenzo, C., & Bates, D. W. (2009, January). Community-wide implementation of health information technology: The Massachusetts eHealth Collaborative Experience. *Journal of the American Medical Informatics Association, 16*(1):132–139.

WORKSHOP PRESENTERS AND FACILITATORS

Moderator

Erin Grace

Erin Grace, MHA, is Senior Manager, Health IT and Senior Advisor for Rural and Community Health at the Agency for Healthcare Research and Quality (AHRQ), an agency of the Federal Department of Health and Human Services that works collaboratively with the public and private sector to improve the quality and safety of health care. In this role she manages grants, contracts, and other initiatives related to health information technology including the AHRQ-funded State and Regional Demonstration projects in health information technology and the contract to provide technical assistance for Medicaid and CHIP agencies related to health information technology and health information exchange.

Ms. Grace most recently served as Senior Vice President of the Primary Care Coalition of Montgomery County, Maryland, and Director for the Coalition's Center for Community-Based Health Informatics (CCBHI). In this role, she directed and managed the Center that seeks to improve health care quality and productivity for the low-income uninsured through innovative uses of health IT, including implementation and ongoing development of a shared electronic medical record (CHLCare) for primary care safety net providers in the metropolitan District of Columbia region. Previously, Ms. Grace managed a Community Access Program grant from HRSA to build the infrastructure to establish a system of care for low-income uninsured residents of Montgomery County, Maryland.

Prior to joining the Primary Care Coalition, Ms. Grace was Assistant Vice President, Accreditation, at National Committee for Quality Assurance (NCQA in Washington, DC. She has worked at a large teaching hospital as Administrative Director of Medical Affairs, managing the medical affairs, graduate medical education, credentialing, medical library, and bioethics departments. Additional experience includes working in health maintenance organization and community health center settings. Ms. Grace received her master's degree in Health Administration from The Ohio State University.

Module 1: Together for Quality: Information When You Need It

Kim Davis-Allen,

Kim Davis-Allen serves as the Project Manager for Alabama's Together for Quality (TFQ) Project. TFQ is a $7.6-million-dollar transformation grant that will allow the state to create a statewide electronic health record augmented with care management and interoperability among State agencies.

In addition to her project management duties, Kim has served as the Director of Medical Services Division for the past 5 years. In this role she is responsible for oversight of programs such as physicians, hospitals, prenatal, family planning, dental, etc. that serve approximately 900,000 Medicaid eligibles.

Kim has worked at the Agency since 1983 and has been responsible for the development and implementation of several managed care initiatives, including the Maternity Care Program, BAY Health Plan and the Patient 1st Program

Kim holds a BS degree in Criminal Justice from Auburn University at Montgomery.

Module 2: Wyoming Total Health Management and the Total Health Record

Teri Green

Teri Green has worked for more than 19 years in the health care benefit arena, promoting cost-effective patient support. Her experience includes management at the State level for all district offices in a statewide workers' compensation program, with oversight of facilities, eligibility, and benefits for injured workers. To that end, she also worked in the private sector as a consultant in the mining industry providing risk management services. She is certified by the Insurance Institute of America in Claims Management.

Ms. Green served for 3 years as the Quality Assurance Manager for Wyoming Medicaid where she supervised the core functions of Medicaid Program Integrity to ensure compliance with State and Federal statutes and regulations, including fraud and abuse detection; surveillance and utilization review; third-party liability; estate recovery; overpayment recovery; administration of federal waivers; management information systems; administrative rule promulgation; State Plan Amendments; fair hearings; fiscal management; contracts and memoranda of understanding; and procurement of contracts and services.

Ms. Green also served as the EqualityCare Manager with administration responsibilities for comprehensive case management, primary care services, health management, medical fraud and abuse detection, and utilization management. In this capacity she has written and managed several successful grant projects, including the Payment Accuracy Measurement program and the Healthy Start Grow Smart program. She served as the Contract Administrator for the Office of HealthCare Financing, Health Management Contract, providing case management, disease management, and wellness and prevention to the entire Wyoming Medicaid population.

Since January 2008, Ms. Green has been the State Medicaid Director for Wyoming. Her broad history in Medicaid is an asset to the entire Department of Health and citizens of Wyoming. She has successfully designed and implemented cutting-edge health programs and projects and has set new and exciting goals for the EqualityCare program.