

Technical Assistance for Health Information Technology and Health Information Exchange in Medicaid and the Children's Health Insurance Program

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Organization:	RTI International
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Summary: As the largest purchasers of health care for low-income and other vulnerable populations in the United States, Medicaid and the State Children's Health Insurance Program (CHIP) are well-positioned to support the adoption and implementation of health information technology (IT) and health information exchange (HIE) to improve services for their clients. Medicaid and CHIP agencies have been working to increase involvement in the planning and implementation of health IT systems. The goal of this project was to improve the coordination and quality of care by providing technical assistance (TA) to agency personnel to plan and implement health IT and HIE.

RTI International (RTI) developed and implemented a 3-year TA program for Medicaid and CHIP agencies based on multiple sources of information including a needs assessment, a multistate collaborative, and ongoing communication and interaction among the participants. The information that project staff collected included current and planned health IT and HIE projects and implementation plans of the Medicaid and CHIP agencies; TA needed to accomplish the plans and projects; cost and value data to develop a business case for technology adoption; program evaluation planning; barriers and challenges to current or planned health IT and HIE plans; and preferences for how TA should be provided.

RTI developed and maintained a repository of health IT- and HIE-related information specific to Medicaid and CHIP. RTI also developed and maintained a Medicaid and CHIP-specific section of the Agency for Healthcare Research and Quality's National Resource Center for Health IT (NRC) Web site. The project systematically reviewed and synthesized the literature on costs and value of established health IT and HIE, and supported a set of ongoing health IT and HIE communities of practice for Medicaid and CHIP agency staff. RTI also set up a hotline with a toll-free number that personnel at agencies could call to ask a member of the RTI team questions about the project.

Project Objectives:

- Complete a nationwide assessment of Medicaid and CHIP health IT and HIE plans. **(Achieved)**
- Develop a 3-year TA plan based upon findings of nationwide assessment. **(Achieved)**
- Establish a menu of additional tools and strategies to support Medicaid and CHIP health IT and HIE development. **(Achieved)**

2011 Activities: RTI continued to work with Federal- and State-level partners to monitor the factors that affect the health IT and HIE needs of Medicaid and CHIP. Project staff continued to update information about Medicaid and CHIP agencies' initiatives, their plans to respond to the American Recovery and Reinvestment Act regulations through 2011, and their needs for TA.

Project staff also continued to develop and deliver a comprehensive series of free Webinars, Web-based workshops, and in-person workshops on a wide range of health IT and HIE topics featuring national experts and leaders. Topics were selected based on information gathered from the nationwide Medicaid and CHIP needs assessment, ongoing monitoring, and input received from the project's technical expert panel.

Project staff maintained two communities of practices, which ran concurrently in 2011. One focused on Medicaid involvement in State HIE, the other on managing multiple health IT projects in Medicaid and CHIP. These served as open, collegial platforms for staff to access and exchange up-to-date information on health IT issues that are most relevant to Medicaid and CHIP agency staff.

Case studies describe best practices and lessons learned regarding health IT adoption and HIE participation as reported by Medicaid agencies and from one-on-one interviews with agency staff. One addition to the series of State-specific case studies was developed and posted on the NRC Web portal in 2011.

The section of the [NRC Web site](#) that RTI developed and maintained contains static information about the project, a calendar of all scheduled TA sessions, links to 508-compliant materials from all Webinars and Web-based workshops provided since the start of the project, and links to all publicly-released reports created under the project.

Impact and Findings: The Year 1 needs assessment analysis revealed that: 1) most agencies had at least one health IT initiative and more than half had at least two; 2) many States and territories had plans to evaluate the value of their health IT initiatives but few could provide details; 3) the main challenges for agencies were costs, infrastructure and other resources, provider adoption, sustainability, and system technicalities; 4) best practices and lessons learned involved planning and budgeting, increasing communication and coordination, early and frequent stakeholder engagement, and acquiring appropriate staff and expertise; 5) the primary challenges to HIE initiatives were infrastructure and resource issues; 6) quality improvement and increased communication and interoperability were reported most frequently as the primary goals and objectives of the HIE initiatives; and 7) half the reporting agencies had limited or no plans to evaluate their HIE efforts.

A discussion in September 2010 with technical expert panel members from the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health IT concluded that the TA and other support services provided by this program filled an important gap in their respective programs and engaged a group of stakeholders that was not otherwise targeted. Sustained participation and positive evaluation results for Webinars, Web-based and in-person workshops, and community of practice meetings through the end of the project in February 2011 supported this observation.

Target Population: Low Income/Low SES,* Medicaid, Pediatric*

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions, and the electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination

* *This target population is one of AHRQ's priority populations.*