

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

Summary: As the largest purchasers of health care for low-income and 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 toward increased involvement in the planning and implementation of health IT systems. The goal of this project is 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) is in the process of developing and implementing 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 project staff collected includes: current and planned health IT and HIE projects and implementation plans of the Medicaid and CHIP agencies; TA needed to accomplish the agency health IT and HIE plans and projects; cost and value data to develop the business case for technology adoption; program evaluation planning; barriers or challenges to current or planned health IT and HIE plans; and preferences for how TA should be provided (Webinar, workshop, etc.).

RTI developed and maintains a repository of health IT- and HIE-related information that is specific to Medicaid and CHIP. RTI also developed and maintains a Medicaid and CHIP-specific section of the Agency for Healthcare Research and Quality (AHRQ) National Resource Center (NRC) Web site. It systematically reviews and synthesizes the literature on costs and value of established health IT and HIE to Medicaid and CHIP programs and supports 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 can call to speak to a member of the RTI team with questions regarding 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. **(Ongoing)**
- Establish a menu of additional tools and strategies to support Medicaid and CHIP health IT and HIE development. **(Ongoing)**

2010 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 American Recovery and Reinvestment Act (ARRA) regulations through 2010, and their needs for TA. TA plans for 2010 and 2011 were updated accordingly.

Project staff 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 identified and selected based on information gathered from the nationwide Medicaid and CHIP needs assessment, ongoing monitoring, and input received from the project technical expert panel.

A report on Medicaid participation in HIE was drafted and is under final review by AHRQ. The report discusses Medicaid participation in HIE prior to the passage of ARRA and the Health Information Technology for Economic and Clinical Health (HITECH) Act, the reported challenges to HIE participation, and how ARRA and HITECH will address those challenges. The report also discusses policy changes, such as the Affordable Care Act, that will impact Medicaid agencies' ability to participate in HIE.

Project staff maintained two existing communities of practices (CoPs) for the full year and a third CoP for part of the year. Staff also established two new CoPs in 2010. These serve 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. Based on an in-person CoP meeting, staff developed and delivered a report titled, "*Applying Health Information Technology in Medicaid and CHIP to Measure and Improve Children's Health Care Quality*".

A series of State-specific case studies was developed and posted on the NRC Web portal. These 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.

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

Preliminary Impact and Findings: The Year 1 needs assessment analysis revealed the following: 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 any 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 of the reporting agencies had limited or no plans to evaluate the 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, engaging an important group of stakeholders that were not otherwise targeted.

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

* *AHRQ Priority Population*