Developing a Health IT and HIE Strategic Plan and Framework: A Practical Guide for Medicaid and CHIP Agencies

A Web-based Workshop
1:00 p.m. – 4:30 p.m. (EST)
January 20, 2010

Workshop Workbook
Presentation Materials and Resources
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Useful Links

1. Beacon community FOA
   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910096_0_0_18/Beacon_FOA_123009.doc

2. Meaningful Use Regulation

3. Standards and Certification Fact Sheet
   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_910134_0_0_18/Standards%20and%20Certification%20IFR%20Fact%20Sheet-508.pdf

4. HIE FOA
   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_888442_0_0_18/FOA_State%20Health%20Information%20Exchange%20Cooperative%20Agreement%20Program_Sep3_updated%20funding%20formula.doc

5. REC FOA
   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_909294_0_0_18/HIT%20Regional%20Extension%20Centers%20Round%202%20FOA-%20FINAL.doc

6. Legal summary of CMS meaningful use incentives and standards for EHRs
   http://www.dwt.com/LearningCenter/Advisories?find=174741

7. Slide presentations from January 13th HIT Policy Committee Meeting
   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910329_0_0_18/MedicareMedicaidEHRIncentivesNPRM.ppt

   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910327_0_0_18/TangMeaningfulUseNPRM011310.ppt

   http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910281_0_0_18/MostashariIFR011310.ppt
Workshop Presenters and Facilitators

Guest Speaker

Shannah Renbaum Koss, MPP

Ms. Koss is a health policy and informatics expert and strategist who has supported Federal and State government health agencies and private health care businesses and organizations for over 20 years. She has been President of Koss on Care LLC since 2001. From 2005 to 2008, she was Vice President of Avalere Health, a leading advisory company on the intersection of health policy and business strategy, where she established and grew a national health information technology (HIT) practice.

Prior executive positions included: Senior Vice President of Government Services for I-trax Inc., developing the company’s health and productivity products and strategy; Vice President Health Solutions for Voxiva, Inc. supporting home health, chronic care, and postoperative care settings through the firm’s telephone/Web-based solutions platform; and HIPAA National Practice and Health Solutions Executive for IBM, where she started and led the HIPAA practice before leaving to start her own consulting firm. Ms. Koss began her career at the White House Office of Management and Budget, where for over 10 years she served in progressively senior health oversight positions in the Information and Regulatory Affairs Division with concentrated expertise in regulatory reform, CMS, FDA, CDC, and HIT. She served on several interagency HIT work groups and cochaired the system workgroup under the Clinton health reform task force.

Ms. Koss has worked with Medicaid agencies and Federal agencies seeking to engage and evaluate Medicaid HIT policies and issues, including the implications of and strategies for Medicaid HIT under the American Recovery and Reinvestment Act. Ms Koss is advising four States on the use of disease registries to support small practices seeking to reduce diabetes disparities and improve the quality of diabetes care. Ms Koss advised the American Health Information Community and the Agency for Healthcare Research and Quality on the level of
Medicaid engagement in health information exchange, exploring both barriers and solutions to Medicaid participation.
Welcome to the AHRQ Medicaid and CHIP TA Web-based Workshop

*Developing a Health IT and HIE Strategic Plan and Framework:*
*A Practical Workshop for Medicaid/CHIP Agencies*
*Establishing Your Mission, Vision, Goals, and Objectives*

Wednesday, January 20, 2010, 1:00 – 4:30 p.m. Eastern

**Presented by**

**Shannah Koss**, President, Koss on Care, LLC

Funded by the Agency for Healthcare Research and Quality
Overview

• **Welcome** – Barbara Massoudi, PhD, RTI International

• **Introductions** – Attendees

• **Presentations** – Shannah Koss
  – Update on ARRA Health IT regulations and opportunities
  – Strategic planning process
  – Relevant Federal strategic plans
  – Defining HIE/Health IT mission and vision
  – Status of Medicaid ARRA activities

• **Closing Remarks** – Barbara Massoudi
Developing a Health IT and HIE Strategic Plan and Framework: A Practical Workshop for Medicaid/CHIP Agencies Establishing Your Mission, Vision, Goals, and Objectives

Presented by
Shannah Koss, President, Koss on Care LLC
Overview

Day 1
• Update on ARRA Health IT regulations and opportunities
• Strategic planning process
• Relevant Federal strategic plans
• Defining HIE/Health IT mission and vision
• Status of Medicaid ARRA activities

Day 2
• Goals and objectives
• Sample strategic planning approaches and discussion
ARRA Health IT Update

- Updated timeline of opportunities and requirements
- CMS proposed rules
- ONC interim final rules
- Beacon communities
Timeline of Significant Events in ARRA and CHIPRA for Medicaid and CHIP Programs

- **8/19/09** - HHS Interim Final Rules on Breach Notification
- **9/1/09** - States can begin submitting requests for planning funding (90:10 match)
- **1/8/10** - CHIPRA Demonstration Grant applications due
- **2/22/10** - CMS awards CHIPRA Demonstration Grants ($100m over five years)
- **9/30/13** - End of CHIPRA authorization
- **9/8/09, 12/22/09** - Preliminary Applications due for Regional Extension Centers (letter from State Medicaid Director required)
- **11/09** - CMS begins awarding HIT P-APD funding
- **1/21/10, 3/21/10** - Regional Extension Centers awarded
- **12/31/10** - Temporary increase in FMAP ends
- **2/17/09** - ARRA signed
- **1/13/2010** - CMS publishes notice of proposed rulemaking (NPRM) "Medicare and Medicaid Programs; Electronic Health Record Incentive Program" and ONC issues interim final rule "Initial Set of standards, Implementation specifications and Certification Criteria for EHR technology"
- **2/1/2010** - Beacon Community Cooperative Agreement Program applications due
- **2/15/2010** - ONC issues NPRM for Health IT Certification Programs
- **3/15/2010** - Deadline for comments on CMS NPRM and ONC IFR
- **3/31/2010** - Beacon Community Cooperative Agreement Program awards made
- **10/16/2009** - Applications due for State HIE Cooperative Agreement Program, indicating State Health IT Office and Medicaid role in governance
- **6/30/2010** - CMS issues final regulations on EHR incentive program and meaningful use
- **10/1/10 and beyond** - States begin to pay and monitor Medicaid incentives for EHRs to eligible professionals and hospitals (for up to a 6-year period, through 2021)
- **1/15/14** - End of Federal Support for State HIE Cooperative Agreement Program
- **2016** - Last year that Medicaid meaningful use incentives can begin
- **2021** - End of Medicaid EHR incentives for eligible professionals
EHR Incentive Notice of Proposed Rule Making (NPRM) Components

- Definitions
- Meaningful use (MU) objectives and measures for eligible providers and hospitals
- Stage 1 MU criteria demonstration
- Medicare Fee-for-Service (FFS), Medicare MA, and Medicaid-specific incentive requirements
- Payment methods, timing, and pay periods
- Payment calculations and procedures
- Medicaid incentive implementation requirements

Comments due 3/15/2010
Notable Incentives and Meaningful Use Requirements

- MU Health IT measures: evolution and applicability
- MU quality measures core and specialty
- Medicaid patient volume 90-day continuous timeframe
- Medicaid plan and implementation requirements
- Possible retroactive planning FFP—2/18/2009

- Early Adopt/Implement/Upgrade (AIU) payment
- Medicaid MU additional, but cannot substitute
- Definitions: AIU, hospital-based professionals (90% ambulatory?), FQHC-based (50%), children’s (CMS cert.) and acute care hospitals (ALS 25 days), entities promoting adoption
- 50% of patients at location(s) with Cert. EHR
Some Details

• Table 2—Health IT functionality MU criteria stage 1:
  – Enable
  – At least one exchange test
  – 10%/50%/75%/80% of relevant clinical transactions or patients
  – Five decision support rules
  – Variance from Committee recommendations

• Tables 3–21 quality measures
  – Core measures: tobacco, blood pressure, and elderly drug avoidance
  – Specialty: primary care has 29 measures vs. 10 or fewer for all other specialties
  – Vast majority are process measures
Good News for Medicaid Programs?

- Flexibility for alternative approaches
  - Methods for measuring patient volume
  - Additional MU qualification requirements
  - Additional MU objectives not requiring added functionality
  - Early incentive payments for AIU
  - Assigning incentive payments
  - Variable data, payment, and audit processes
- Allows nonconsecutive MU payments
- Pediatricians can qualify as Medicaid eligible professional (EP)
Provisions and Timing Likely to Impact Strategic Planning

- Issuance of the final rule
- Early AIU particularly for hospitals
- Expanded State Medicaid Health IT Plan (SMHP) components
- CMS review and prior approval including contracting and plan changes
- Data requirements
- Opting for allowed flexibility
Significant Comment Solicitation

• Compelling reasons for more State flexibility in creating disparate definitions beyond what is proposed (MU floor)
• How best to balance adoption promotion, limiting burden and improving health care: Health IT functionality and clinical quality
• Satisfy *all*? Objectives and variation across providers and specialties
Significant Comment
Solicitation (cont’d.)

• Distributed versus centralized clinical health information data sets
• Promoting MU for nearly all primary care providers by 2014
• Clinical quality measures for all patients
• Pay periods, timing, information burdens, cost/benefit data including provider qualification information
Missing Solicitations?

- Significance of data entry in limited resource environments
- Hospital flexibility and partial incentives for MU versus EPs
- One State, one practice, no group practice distinction
- 2011/2012 common goals suggest a transitional compliance year in 2011 to facilitate adoption
- Medicare penalties applicability to Medicaid EPs?
CMS NPRM
Health IT Policy Committee
Presentation Excerpts
1/13/2010
Notable Differences Between Medicare and Medicaid EHR Programs

Medicaid
• Voluntary for States to implement (may not be an option in every State)
• No Medicaid fee schedule reductions
• AIU option for first participation year
• Maximum incentive is $63,750 for EPs
• States can adopt a more rigorous definition (based on common definition)
• Medicaid managed care providers must meet regular eligibility requirements
• Last year an EP may initiate program is 2016; Last payment in program is 2021
• Five types of EPs, three types of hospitals

Source: CMS

Medicare
• Feds will implement (will be an option nationally)
• Fee schedule reductions begin in 2015 for providers that are not Meaningful Users
• Must be a meaningful user in Year 1
• Maximum incentive is $44,000 for EPs
• MU definition will be common for Medicare
• Medicare Advantage EPs have special eligibility accommodations
• Last year an EP may initiate program is 2014; last payment in program is 2016. Payment adjustments begin in 2015
• Only physicians, subsection (d) hospitals, and CAHs
NPRM Changes from HITPC Recommendations

Deletions
- Record advance directives
- Document a progress note for each encounter
- Provide access to patient-specific education resources

Additions
- Provide summary care record for each transition of care and referral

Changes
- Added DOB to record demographics and cause and date of death for hospitals
- Added growth charts to record vital signs
- Limited smoking status to age 13+
- Increased CDS rules from 1 to 5
- Removed “where possible” from insurance eligibility checks
- Changed the provision of clinical summaries from “each encounter” to “each office visit”
- Changed compliance with HIPAA to protect electronic health information maintained by certified EHR technology

Source: CMS
NPRM Changes from HITPC Recommendations (cont’d.)

Measures

• Ensured every objective is matched to a measure
• Added a % threshold to measures recommended as “% of …”
• Calculated some % based on “unique patients seen” as not every action would be taken for every office visit
• Narrowed lab results to those “whose results are in a positive/negative or numeric format”
• For exchange of information changed “implemented ability” to “Performed at least one test”
• Clinical quality measures were greatly expanded to accommodate the diversity of specialists meeting the definition of an EP

Source: CMS
Incentive Payment Timeline

- Medicare can pay incentives to EPs no sooner than January 2011
- Medicare can pay eligible hospitals and CAHs no sooner than October 2010
- Medicaid EPs can potentially receive payments as early as 2010 for adopting/implementing or upgrading

Source: CMS
Standards, Implementation Specifications, and Certification Criteria for EHR Technology

- 30-day effective date with a 60-day comment period and subsequent final rule
- Intended to give vendors and application or system providers time to enable certified EHRs and EHR modules
- Also intended to support capabilities envisioned for MU
ONC Interim Final Rule (IFR)

- Standards: “a technical, functional or performance-based rule condition, requirement, or specification that stipulates instructions, fields, codes, data, materials, characteristics, or actions”
  - Four categories: vocabulary, content exchange, transport, and privacy and security
- Implementation specifications: specific requirement or instruction to implement a standard
- Certification criteria: establish the technology that meets the standards and specifications
IFR State Considerations

- State systems technology qualification and interoperability: how will the rule help or hinder EHR readiness and data exchange for Medicaid incentives?
- Positive and negative impacts of the variability in standards, including certified EHR oversight
- Implications or inconsistencies with the CMS rules (e.g., only inpatient or ambulatory)
- Do inadequate implementation specifications and nonstandardized code sets suggest narrower MU in stage 1?
- Consider using these standards for initial outreach to providers or in your environmental scan
Beacon Communities
Cooperative Agreements

• 15 communities, $10–20M each, 3 years
• Advance Health IT communities sought for measurable improvement in cost efficiency, quality of care and population health, consistent with the Federal Health IT strategic plan
• US-based government or nonprofit: community must have 30/25% (urban/rural) EHR adoption
• Advance to 60% adoption, sustainable exchange, and demonstrated improvement
Discussion

• Questions and concerns about the rules?

• Ways your State is approaching or rethinking planning in light of rules?

• Beacon community interest and discussion
Planning Concerns in Light of NPRM and IFR

- Accurate patient volume measurement
- Avg. cost of EHR: $25K
- National database for eligibility and ID
- Collecting data for incentive program administration and coordination
- SMHP requirements: address needs of underserved and vulnerable
- No new EHR functionality for Medicaid MU

- Need plain English interpretive guidelines
- Inconsistencies in the rules
- Managing attestation
- Rural States and limited infrastructure
- Need for 2? E-scans
- Who gets incentives
- 75% eRx without pharmacies: consider other Rx transactions (e.g., med. History)
Break
Strategic Planning Process

• Workshop strategic planning goal: jump-start the process

• Process considerations for development and buy-in
  – Cross-organization and stakeholder participation
  – Frame the vision, mission, goals, and objectives—then drivers, barriers, dependencies, and strategy options
  – Framework that will help engage needed participants

• Intersection of Health IT and quality efforts
Strategic Planning is a Continuous Process

- Respond to Environment
- Validate Mission
- Articulate Vision/Aim
- Integrate & Deploy
- Identify Vital Few & Measures
- Required Leadership System
- Develop Tactics & Measures
Role of Environmental Scan “As Is”

• Understanding the hard and soft realities of your State’s HIE/Health IT environment
  – Intrastate system capabilities
  – External health industry circumstances with an emphasis on provider technology, infrastructure, and readiness

• Informing your strategic planning: prioritization, resources and specific goals, objectives, strategies, and actions
Relevant Federal Policy and Strategic Plans
Evolving Policy Background

- ARRA—CMS, ONC, HRSA, AHRQ, Commerce
- CHIPRA—AHRQ and CMS
- ONC Federal Health IT strategic plan
- CMS strategic plan, ARRA HIE, and SMHP
- Each State’s HIE/Health IT and quality planning
- Federal and State health care reform
The ONC Federal Health IT Strategic Plan

- The ONC plan is codified in ARRA and referenced in the ONC IFR

- Health IT Policy Committee workgroup presented initial framework for the strategic plan on 1/13/2010
Strategic Framework Vision and Themes

A learning health system that is patient-centered and uses information to continuously improve health and health care of individuals and the population.

**Theme 1: Meaningful Use of Health Information Technology**

**Theme 2: Policy and Technical Infrastructure**

**Theme 3: Privacy and Security**

**Theme 4: Create a Learning Health System Through Effective Use of Health Information Technology**
Theme Details

• Improve health outcomes, patient engagement, care coordination, and efficiency of the health care system by promoting the adoption and meaningful use of health information technology
• Enable management and exchange of electronic health information through the development and support of appropriate policies and technical specifications
• Build public trust and participation in Health IT and electronic health information exchange by incorporating privacy and security solutions in every phase of its development, adoption, and use
• Transform the current health care delivery system into a high performance, learning health system by leveraging information and technology
Timing, Principles, and Objectives

• Draft for public input by April
• Recommendations to ONC May 2010
• Publication October 2010
• Policy Committee meeting kicked off discussion of broad principles and objectives for each of the themes
• Current framework still very “high minded”
Prior ONC Strategic Plan

- Vision: a nationwide interoperable health information technology infrastructure that improves the quality and efficiency of health care

- Mission: “…guide the nationwide implementation of interoperable health information technology in both the public and private health care sectors that will reduce medical errors, improve quality and produce greater value for health care expenditures”
Organizational Structure of ONC Federal Health IT Strategic Plan

Goal 1: Enable Patient-focused Healthcare

Goal 2: Improve Population Health

“Enable the transformation to higher quality, more cost-efficient, patient focused health care through electronic health information access and use by care providers, and by patients and their designees.”

“Enable the appropriate, authorized and timely access and use of electronic health information to benefit public health, biomedical research, quality improvement and emergency preparedness.”

Source: Avalere Health September 19, 2008 Healthtechnet presentation
Recent Example: ONC Strategic Plan Guidance for HIE

• Plan must include
  – Vision, goals, and objectives
  – Governance
  – Finance
  – Technical infrastructure
  – Business and technical operations
  – Legal/policy

• Environmental scan is a precursor to developing a strategic plan.
CMS Initial Guidance on the Medicaid Incentive Program*

- Requires prior approval of Health IT P-APD to begin receiving 90% match
- State Medicaid Health IT Plan (SMHP) not just incentives
- SMHP contents (495.332):
  - Health IT landscape assessment, “as is” (environmental scan)
  - **Vision** of the Health IT future, “to be”
  - Specific implementation **actions**
  - Health IT **Roadmap**: pathway from “as is” to vision
- Must show coordination with Statewide HIE/Health IT plan
- Coordinated CMS and ONC review

*NPRM expands details
CMS Guidance on State Medicaid Agency Role

• Participate in State Health IT roadmap
• Set Medicaid-specific performance goals for adoption, use, and expected outcomes
• Establish accountability for ROI and clinical quality outcome reporting
• TA and training for providers, including information about regional extension centers
• Collaborative input from stakeholders
• Collaborate and coordinate with other Health IT initiatives
• Bring successful Medicaid Transformation Grants (MTG) to scale
• Initiate State legislation when needed for HIE/EHR
• Ensure that existing quality reporting processes are aligned
Vision and Mission
Definitions

- **Vision:** a picture of the “preferred future”—statement that describes how the future will look if the organization achieves its ultimate aims (e.g., “Healthy people in a healthy world”)

- **Mission:** a statement of overall purpose of an organization. Describes what you do, for whom you do it, and the benefit (e.g., “To promote health and quality of life by preventing and controlling disease, injury, and disability”)

Source: Leadership Strategies, Inc. 2006 Web site
Sample Participant State Health Visions and Missions

“Healthy people in healthy communities”

Virgin Islands: “…providing accessible, affordable, confidential and comprehensive, quality health care to all Virgin Islands residents and visitors…”

Others?
Align HIE/Health IT Vision and Mission with Health Vision and Mission

• Sample HIE/Health IT vision and mission
  – Create a health information infrastructure and promoting Health IT adoption to support …
  – ___ infrastructure and foster/enable EHR/Health IT provider adoption to improve health care quality ….

• Medicaid or Statewide focus; filter can be applied at various stages in planning
What Is Your Agency’s Role on the HIE/Health IT Spectrum?

<table>
<thead>
<tr>
<th>Lead Role</th>
<th>Participant Role</th>
</tr>
</thead>
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<tr>
<td>Statewide</td>
<td>Medicaid Only</td>
</tr>
<tr>
<td>HIE/Health IT</td>
<td>HIE/Health IT</td>
</tr>
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</table>
Updating Existing Health IT Strategic Plans

• Many States have recent Health IT strategic plans (i.e., past 2–3 years)

• If these plans were “active” with broad support, determine what needs to be revised or updated

• The policy landscape has introduced some fundamental change emphasizing clinical information
Environmental Scan Shapes Strategic Plan

• SMHP scan—establish baseline of current Health IT activities and their impact on Medicaid beneficiaries including:
  
  – Stakeholders
  – MMIS/MITA and other intrastate systems
  – Provider EHR adoption
  – ONC’s State Health IT coordinator/governance
  – Other likely influences

• Strategic plan scan—hard and soft data
Your HIE/Health IT Environment Should Shape the Strategic Plan Core

• Goals: broad long-term aims that define accomplishment of the mission
• Objectives: specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specific period of time
• Strategies: broad activities required to achieve an objective, control critical success factors or overcome barriers
• Actions: specific steps to be taken, by whom and by when, to implement a strategy

Source: Leadership Strategies, Inc. 2006 Web site
Review of Advance Workshop Questions and Responses

- P-APD
- Environmental scans
- Stakeholder outreach
- Contracting
- HIE/Health IT coordination
- Issues, challenges, and barriers
- Insights from other States
### Status Overview

**CMS Has Approved 21 P-APDs**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4 &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-APD</td>
<td>Prep – 1</td>
<td>Submit-6</td>
<td>Approved - 7</td>
<td></td>
</tr>
<tr>
<td>E-Scan</td>
<td>Design – 9</td>
<td>Implement – 2</td>
<td>Complete - 0</td>
<td>2 – NA, 1 – conflict</td>
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<tr>
<td>Outreach</td>
<td>Scoping – 9</td>
<td>Initiated – 3</td>
<td>Est. advisory grp - 2</td>
<td>RHIO contract, but seeking add’tl strategy</td>
</tr>
<tr>
<td>Planning Contracts</td>
<td>Developing RFP – 7</td>
<td>RFP out – 1</td>
<td>No new contracts - 4</td>
<td>1 – NA, 1 conflict</td>
</tr>
<tr>
<td>HIE coordination</td>
<td>Well – 4</td>
<td>Reasonably – 2</td>
<td>Somewhat- 4</td>
<td>Limited – 2 1 – conflict 1– NA</td>
</tr>
</tbody>
</table>
Top Significant Issues, Challenges, and Barriers

- Limited Medicaid resources: staffing, funding, skills sets, filling key positions, sustainability, and IT infrastructure and coordination (8)
- Lack of information, guidance, direction, and delay in MU definitions (3)
- Tight timelines (3)
- Determining baseline EHR adoption estimates (3)
- Stakeholder challenges: getting buy-in, response/participation in e-scan, provider diversity (3)
More Significant Issues, Challenges, and Barriers

- Getting started
- Understanding NPRM impacts on stakeholders and program funding
- Coordinating different funding sources
- Size of the effort in large States
- “To be” MITA level 4 and 5 business capability matrices not available
- Business Process Modeling Notation and Unified Modeling Language: lacking State collaboration
Target Areas for Sharing State Approaches

• Coordination and integration of funding and efforts, including SMHP, HIE, and REC (6)
• HIE approach and working with SDEs: who is doing what, model approaches, governance (3)
• Sustainability of HIE and Health IT efforts (2)
• Stakeholder/provider engagement and outreach: planning, scope, supporting adoption, and MU (4)
• SMHP and program planning, approaches, level of effort: using MMIS, who runs the program, MC vs. FFS, State regulatory reqs. for provider participation (4)
Other Areas of Interest

- Staffing
- Implementation timelines (2)
- Contract RFP responses
- Articulating benefits that accrue to health plans
- Health IT strategies for cost containment and quality improvement
- Interpretation of incentive qualification rules
- Where will incoming data and incentive eligibility decisions be stored
- Early lessons learned
Planning Concerns in Light of NPRM and IFR

- Accurate patient volume measurement
- Avg. cost of EHR: $25K
- National database for eligibility and ID
- Collecting data for incentive program administration and coordination
- SMHP requirements: address underserved and vulnerable w/chronic conditions
- No new EHR functionality for Medicaid MU
- Need plain English interpretive guidelines
- Inconsistencies in the rules
- Managing attestation
- Rural States and limited infrastructure
- Need for 2? e-scans
- Who gets incentives
- 75% eRx without pharmacies: consider other Rx transactions (e.g., med. History)
Day 1 Discussion and Focus Areas for Day 2
Day 2 Slides
Strategic Plan Goals

• What will we do to accomplish our mission?
  – Most or all of your agencies have organizational goals, along with visions and mission statements
  – To avoid confusion or conflict with existing strategic plan goals, we recommend HIE/Health IT-based goals
Sample Goals

- Two fundamental goals could suffice
  - Similar to the ONC plan or
    1. Create, support, or contribute to a Statewide HIE infrastructure that advances affordable, quality health care.
    2. Promote provider and consumer Health IT adoptions that . . .

- Option: Lead with health care outcome/goal or HIE/Health IT component
Goals Should Align With Core Mission Components

• Coverage, care quality and evidence-based medicine, consumer/patient-centered care, and efficiency

• Regardless of the long-term goal, there is a matrixed aspect of the HIE/Health IT components

• “Encourage adoption of certified EHR technology to promote health care quality and the exchange of health care information”
Meaningful Use Can Provide Goals or the Basis for Objectives

- Improve quality, safety, and efficiency; reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protection for personal health information
Strategic Plan Objectives: Measurable and Observable

- Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specific period of time.

- Strategic plans often have multiple-year time frames (e.g., 1/3/5 or 2/5/10 years), with corresponding objectives.

- Given the intensity of ARRA activities, consider a 1/2/5 framework.
# Objective Framework

<table>
<thead>
<tr>
<th>Objective</th>
<th>Timing</th>
<th>Measurement</th>
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<tbody>
<tr>
<td>Promote EHR adoption</td>
<td>2010–2016</td>
<td>% providers</td>
</tr>
<tr>
<td>Chronic care improvement through Health IT-enabled PCMH</td>
<td>2013</td>
<td>% members with multiple chronic illnesses in PCMH with EHRs</td>
</tr>
<tr>
<td>Achieve Statewide universal eRx</td>
<td>2011</td>
<td>All providers with EHR are using eRx % providers without EHRs</td>
</tr>
<tr>
<td>Enable pharmacy, lab, and radiology HIE</td>
<td>2011</td>
<td>Exchange infrastructure available to % providers</td>
</tr>
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</table>

Measurement can scale over time (e.g., 1-, 2-, and 5-year increments)
Prioritizing Objectives

- Internal and external drivers (e.g., regulatory requirements, resources, provider demand, and readiness)
- Hard deadlines will drive prioritization of objectives, strategies, and action steps
- Interdependencies: what needs to get done first?
- Significance: size of impact on the goal
- Anticipated resistance
Sample Drill-Down: Goals, Objectives, Strategies, and Action Steps

- Goal: enable broad Health IT/EHR adoption in support of improved care quality and efficiency

- Objective: establish State Medicaid incentive program pursuant to ARRA statute and CMS regulations and aligned with top State health care quality initiatives by 2011
New SMHP Requirements

• Implement SMHP in accordance with MITA principles Framework 2.0

• Incorporate design, development, and implementation of all intrastate systems for interoperability supporting State/Medicaid goals

• Provide many more details on data and standards use and ensure improved outcomes quality and efficiency; the most significant is addressing needs of underserved/vulnerable with chronic conditions, foster care children, individuals in LTC and aged, and blind and disabled: 5-part response

• Include the detailed description of how the regulatory provisions will be implemented, validated, and monitored
Likely Incentive Program Strategies

- Determine scope of program and agency role
  - HIE role
  - Provider Health IT assessment
  - State-specific meaningful use
  - Incentive program components
  - EHR purchasing
  - Provider outreach, education, and training
  - Provider implementation support, including data
  - Provider meaningful use support

- Assess likely program participation
- Define internal system needs
- Determine needed relationships (e.g., State Health IT, plans, contractors)
- Establish administrative structure
- Develop and execute implementation plan
Sample Action Steps for Scoping Strategy

• Complete the following steps within 1 month:
  – Establish agency project team to define scope—Medicaid only or include needed partners/contractors?
    The project team will, in turn:
    1. Assess each potential program component with respect to successful implementation of the strategy and advancing the goal and mission
    2. Determine agency role for each component of the program scope
    3. Consult with CMS regional office
Discussion

• Implement strategic planning elements under ARRA and HITECH

• Select an additional incentive program strategy to explore action steps

• Pick from strategies or program components (slide 64) or SMHP
Health IT P-APD Model Checklist NPRM 495.336

• Statement of need and objectives
  – Purpose (SMHP planning activities)
  – Health IT interrelationships
  – Health IT workgroups/collaborative State efforts
  – Economies and efficiencies

• Project management plan
• Proposed project budget
• Assurances
ARRA Relevant Provisions
State HIE Cooperative Agreements (8/20/09 release)

- $564M to support single awards to each State or a consortium of States
- Awards will span 4 years and have an increasing matching requirement of 0, 1:10, 1:7, and 1:3 for years 1 through 4, respectively
- Award minimum is $4M and maximum $40M
- Applications can consist of a consortium of States with a lead State applicant
Regional Extension Center Cooperative Agreements

- $598M available to support an estimated 70 centers
- Average award ~$8.5M; awards can range from $1–30M
- Two cycles of funding with preliminary applications due: 9/8/2009 and 12/22/2009
- Anticipated awards 1/22/2010 and 3/31/2010
- Required services: provider education and outreach; national learning consortium; vendor selection and group purchasing; implementation and project management; practice and workflow redesign; functional interoperability and HIE; privacy and security best practices; meaningful use progress; and local workforce support
Other Sample Strategic Plans and Background Information
West Virginia State Health Information Technology Strategic Plan

**Vision:** The vision for the health information system strategic plan is to ensure a coordinated information technology infrastructure and delivery system is established that allows patients, families, communities, and the health care system to collaboratively partner to improve the health and well-being of all West Virginians.

<table>
<thead>
<tr>
<th>Accelerate the Adoption of Health IT</th>
<th>Foster Health Information Exchange</th>
<th>Ensure Broad Band Infrastructure</th>
<th>Create Usable and Accessible Statewide Data</th>
<th>Develop the Work Force</th>
<th>Ensure Financial Viability &amp; Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerate adoption EHRs</td>
<td>State institutions as early adopters clinical messaging</td>
<td>Complete a broadband inventory to identify gaps and needs</td>
<td>Leverage MITA to establish State data infrastructure</td>
<td>Establish a Regional Extension Center</td>
<td>Leverage Federal partnerships (MITA/CMS/ON CHIT/ARRA)</td>
</tr>
<tr>
<td>Serve as a Regional Extension Center for Health IT</td>
<td>Coordinated care</td>
<td>Establish a budget for Tele-health alliance</td>
<td>Ensure adoption of national standards</td>
<td>Establish a centralized technical help desk for provider support</td>
<td>User fees and align reimbursement to support use of technology</td>
</tr>
<tr>
<td>Encourage reimbursement system to promote use</td>
<td>Improve quality and value</td>
<td>Align reimbursement to create local business case</td>
<td>Establish security protocols</td>
<td>Recruit and retain health IT professionals</td>
<td>State role in driving technology</td>
</tr>
<tr>
<td>Encourage adoption of Tele-health technology</td>
<td>Improving e-prescribing</td>
<td>Work with vendor community to encourage local investments</td>
<td>Encourage voluntary reporting by payers</td>
<td>Provide transparency</td>
<td>Systematic role in driving technology</td>
</tr>
<tr>
<td>Encourage patient health records</td>
<td>Standards</td>
<td>Drive improvement in key areas using data</td>
<td>Encourage voluntary reporting by providers</td>
<td>Drive improvement in key areas using data</td>
<td>Standards</td>
</tr>
</tbody>
</table>
Acronyms and Abbreviations

AHRQ: Agency for Healthcare Research and Quality
AIU: adopt/implement/upgrade
ALS: average length of stay
CAHs: Critical Access Hospitals
CDS: Clearing and Depository Services Inc.
CHIP: Children's Health Insurance Program
CHIPRA: Children's Health Insurance Program Reauthorization Act of 2009
CMS: Centers for Medicare & Medicaid Services
DOB: date of birth
EHR: electronic health record
EP: eligible professional
FFS: fee-for-service
FQHC: Federally Qualified Health Center
HIE: health information exchange
HIPAA: Health Insurance Portability and Accountability Act
HIT: health information technology
Acronyms and Abbreviations

HITECH: Health Information Technology for Economic and Clinical Health
HITPC: Health Information Technology Policy Committee
HRSA: Health Resources and Services Administration
IFR: Interim Final Rule
LTC: long-term care
MC: managed care
MITA: Medicaid Information Technology Architecture
MMIS: Medicaid Management Information System
MTG: Medicaid Transformation Grants
MU: meaningful use
NPRM: Notice of Proposed Rule Making
ONC: Office of the National Coordinator for Health Information Technology
P-APD: Planning Advance Planning Document
ROI: return on investment
SMHP: State Medicaid HIT Plan
TA: technical assistance
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