



## **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](http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910096_0_0_18/Beacon_FOA_123009.doc)
2. Meaningful Use Regulation  
[http://www.cms.hhs.gov/Recovery/11\\_HealthIT.asp](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp).
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](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\\_Sept3\\_updated%20funding%20formula.doc](http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_888442_0_0_18/FOA_State%20Health%20Information%20Exchange%20Cooperative%20Agreement%20Program_Sept3_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](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_910329_0_0_18/MedicareMedicaidEHRIncentivesNPRM.ppt)  
[http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS\\_0\\_11673\\_910327\\_0\\_0\\_18/TangMeasuringMeaningfulUseNPRM011310.ppt](http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910327_0_0_18/TangMeasuringMeaningfulUseNPRM011310.ppt)  
[http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS\\_0\\_11673\\_910281\\_0\\_0\\_18/MostashariIFR011310.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.



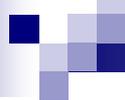
Welcome to the AHRQ Medicaid and CHIP TA Web-based Workshop

***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



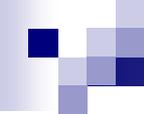
# Overview

- **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



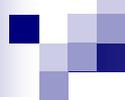
# Overview

## 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

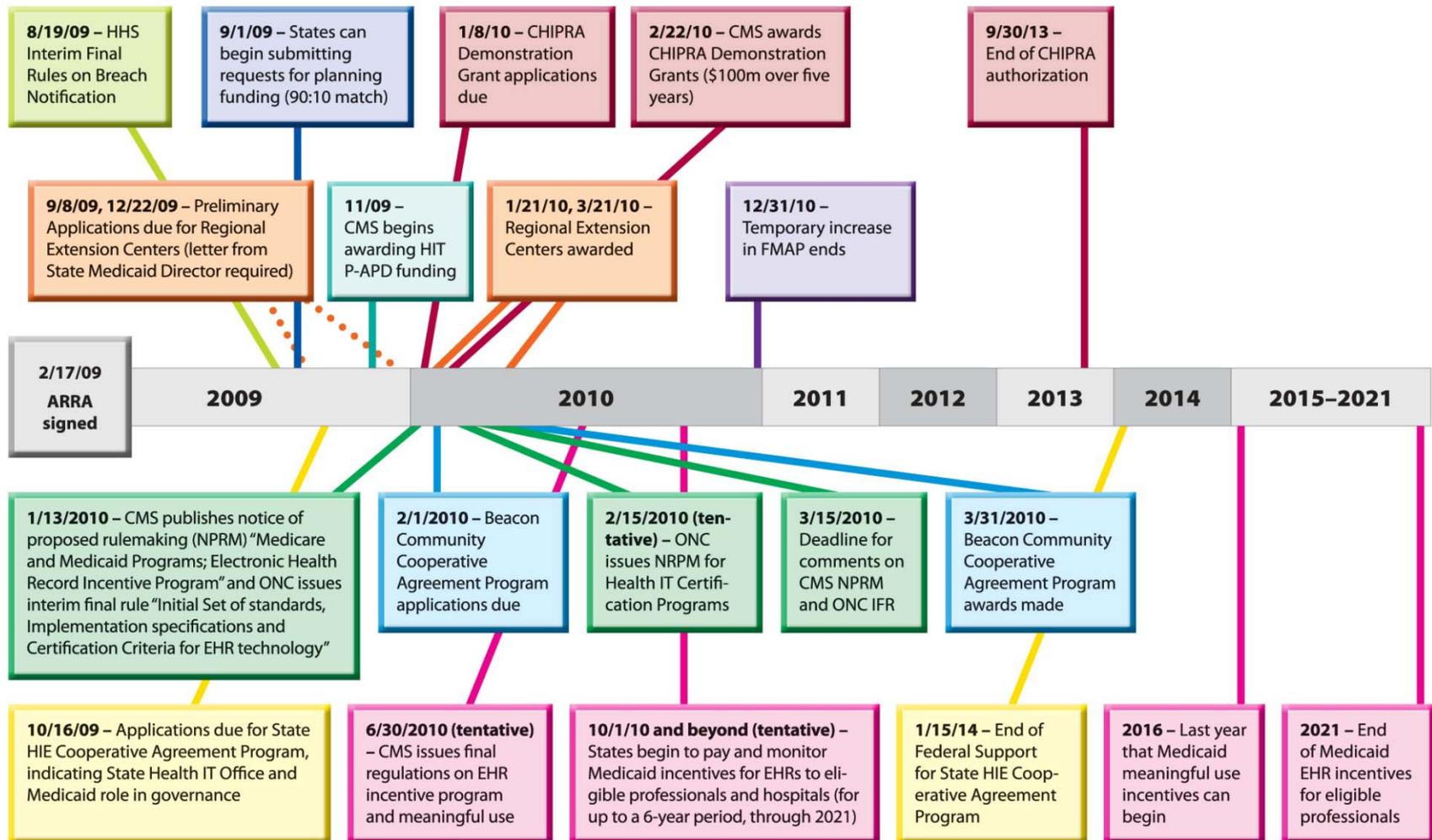
- Goals and objectives
- Sample strategic planning approaches and discussion

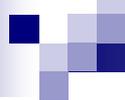


# ARRA Health IT Update

- 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





# 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

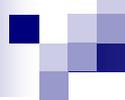
Comments due 3/15/2010

# 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

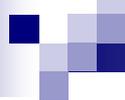
# Some Details

- 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



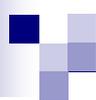
# Good News for Medicaid Programs?

- 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

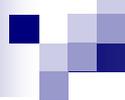


# Significant Comment Solicitation

- 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

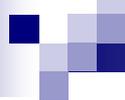
## Medicaid

- 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

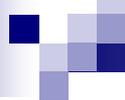
*Source: CMS*

# 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

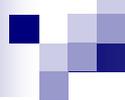
*Source: CMS*



# Incentive Payment Timeline

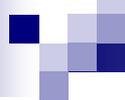
- Medicare can pay incentives to EPs no sooner than January 2011
- Medicare can pay eligible hospitals and CAHs no sooner than October 2010
- Medicaid EPs can potentially receive payments as early as 2010 for adopting/implementing or upgrading

*Source: CMS*



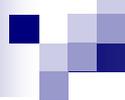
# **Standards, Implementation Specifications, and Certification Criteria for EHR Technology**

- 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



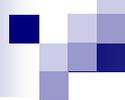
# ONC Interim Final Rule (IFR)

- 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



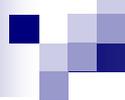
# IFR State Considerations

- 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

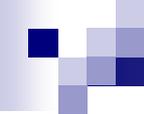
- Questions and concerns about the rules?
- Ways your State is approaching or rethinking planning in light of rules?
- Beacon community interest and discussion

# 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)



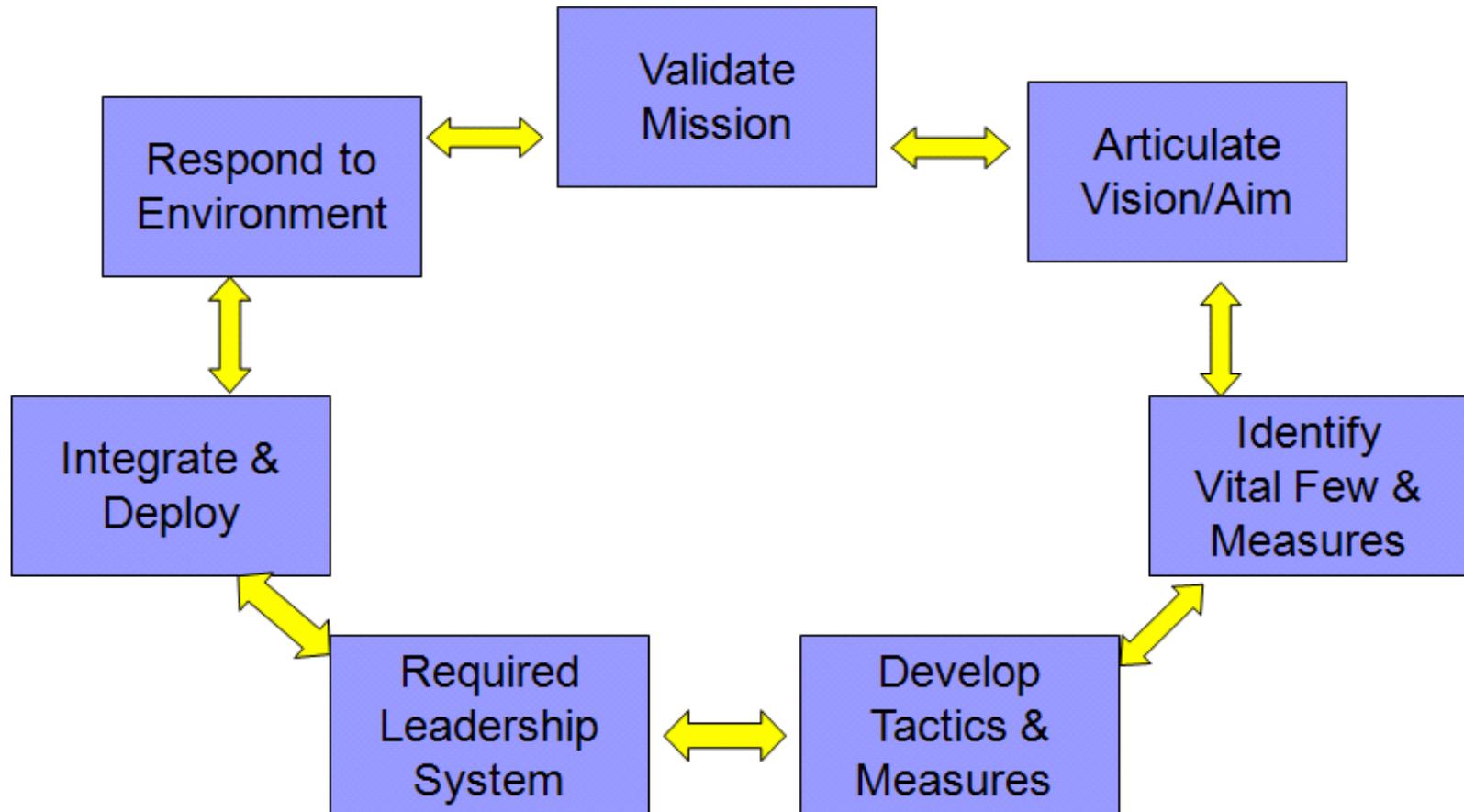
**Break**

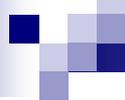


# Strategic Planning Process

- 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





# 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

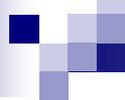


# Relevant Federal Policy and Strategic Plans



# 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

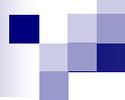
Theme 3: Privacy and Security

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

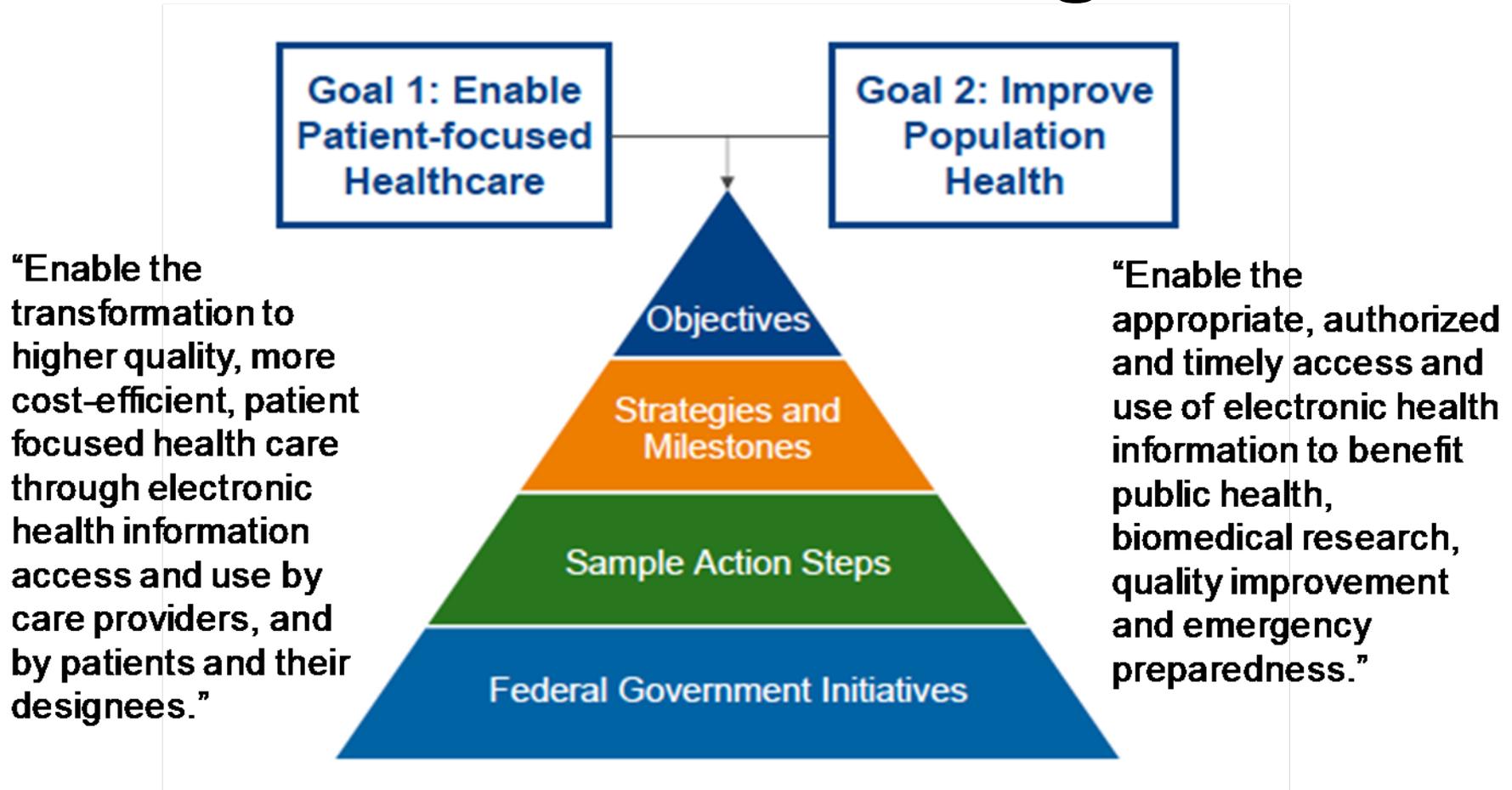
- Draft for public input by April
- Recommendations to ONC May 2010
- Publication October 2010
- Policy Committee meeting kicked off discussion of broad principles and objectives for each of the themes
- Current framework still very “high minded”



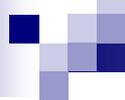
# Prior ONC Strategic Plan

- 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



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

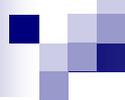


# CMS Guidance on State Medicaid Agency Role

- 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



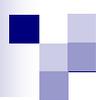
# Vision and Mission



# 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

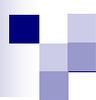


# Sample Participant State Health Visions and Missions

“Healthy people in healthy communities”

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

Others?

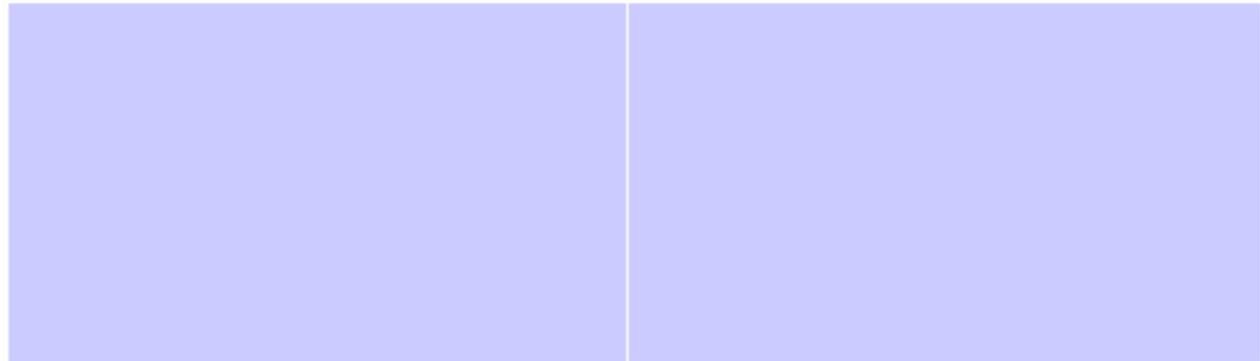


# Align HIE/Health IT Vision and Mission with Health Vision and Mission

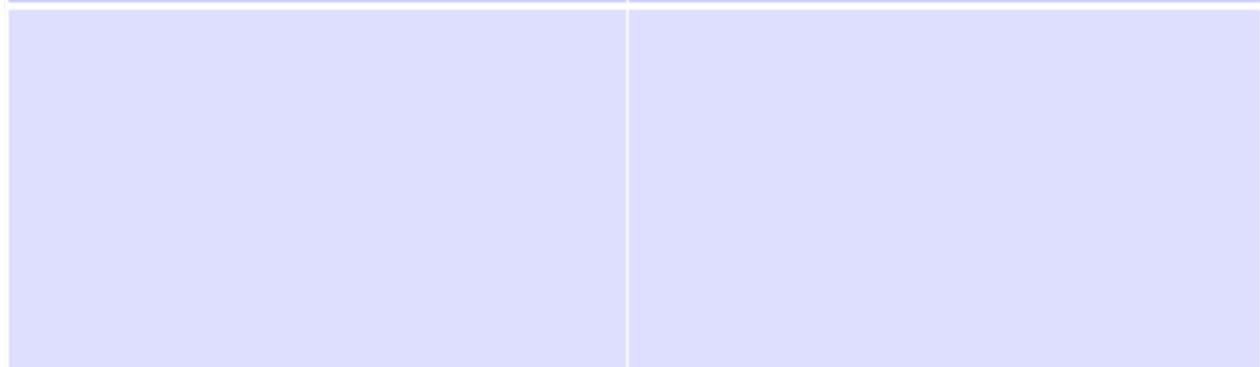
- Sample HIE/Health IT vision and mission
  - Create a health information infrastructure and promoting Health IT adoption to support ...
  - \_\_\_ infrastructure and foster/enable EHR/Health IT provider adoption to improve health care quality ....
- Medicaid or Statewide focus; filter can be applied at various stages in planning

# What Is Your Agency's Role on the HIE/Health IT Spectrum?

Lead Role

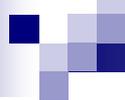


Participant Role



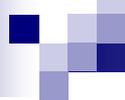
Statewide  
HIE/Health IT

Medicaid Only  
HIE/Health IT



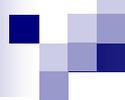
# Updating Existing Health IT Strategic Plans

- 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



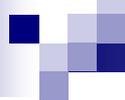
# Environmental Scan Shapes Strategic Plan

- 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



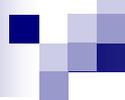
# Review of Advance Workshop Questions and Responses

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

# Status Overview

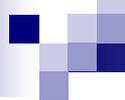
## CMS Has Approved 21 P-APDs

Activity	Category 1	Category 2	Category 3	Category 4 & Comments
P-APD	Prep – 1	Submit-6	Approved - 7	
E-Scan	Design – 9	Implement – 2	Complete - 0	2 – NA, 1 – conflict
Outreach	Scoping – 9	Initiated – 3	Est. advisory grp - 2	RHIO contract, but seeking add'tl strategy
Planning Contracts	Developing RFP – 7	RFP out – 1	No new contracts - 4	1 – NA, 1 conflict
HIE coordination	Well – 4	Reasonably – 2	Somewhat- 4	Limited – 2 1 – conflict 1– NA



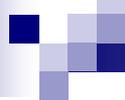
# Top Significant Issues, Challenges, and Barriers

- 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)



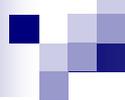
# More Significant Issues, Challenges, and Barriers

- 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**

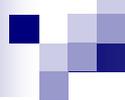


# Day 2 Slides



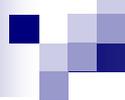
# Strategic Plan Goals

- 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



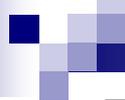
# Sample Goals

- 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



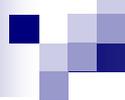
# Goals Should Align With Core Mission Components

- 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



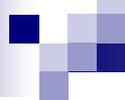
# Strategic Plan Objectives: Measurable and Observable

- 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

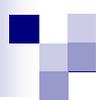
Objective	Timing	Measurement
Promote EHR adoption	2010–2016	% providers
Chronic care improvement through Health IT-enabled PCMH	2013	% members with multiple chronic illnesses in PCMH with EHRs
Achieve Statewide universal eRx	2011	All providers with EHR are using eRx % providers without EHRs
Enable pharmacy,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

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

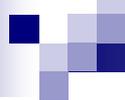
# Sample Action Steps for Scoping Strategy

- 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

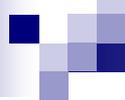
- Statement of need and objectives
  - Purpose (SMHP planning activities)
  - Health IT interrelationships
  - Health IT workgroups/collaborative State efforts
  - Economies and efficiencies
- Project management plan
- Proposed project budget
- Assurances



# 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
- LOI 9/11/2009, applications due 10/16/2009, awards January 2010



# 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.*

## Accelerate the Adoption of Health IT

- Accelerate adoption EHRs
- Serve as a Regional Extension Center for Health IT
- Encourage reimbursement system to promote use
- Encourage adoption of Tele-health technology
- Telemedicine
- Encourage e-prescribing
- Encourage patient health records
- Standards

## Foster Health Information Exchange

- State institutions as early adopters clinical messaging
- Coordinated care
- Improve quality and value

## Ensure Broad Band Infrastructure

- Complete a broadband inventory to identify gaps and needs
- Establish a budget for Tele-Health alliance
- Align reimbursement to create local business case
- Work with vendor community to encourage local investments

## Create Usable and Accessible Statewide Data

- Leverage MITA to establish State data infrastructure
- Ensure adoption of national standards
- Establish security protocols
- Encourage voluntary reporting by payers
- Encourage voluntary reporting by providers
- Provide transparency
- Drive improvement in key areas using data

## Develop the Work Force

- Establish a Regional Extension Center
- Establish a centralized technical help desk for provider support
- Recruit and retain health IT professionals

## Ensure Financial Viability & Sustainability

- Leverage Federal partnerships (MITA/CMS/ONCHIT/ARRA)
- User fees and align reimbursement to support use of technology
- State role in driving technology

# Acronyms and Abbreviations

**AHRQ:** Agency for Healthcare Research and Quality

**ARRA:** American Recovery and Reinvestment Act of 2009

**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

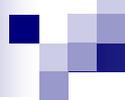
**FFS:** fee-for-service

**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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  - 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:

[Medicaid-SCHIP-HIT@ahrq.hhs.gov](mailto:Medicaid-SCHIP-HIT@ahrq.hhs.gov)



# Project Information

Please send comments and recommendations to:

[Medicaid-SCHIP-HIT@ahrq.hhs.gov](mailto:Medicaid-SCHIP-HIT@ahrq.hhs.gov)

or call toll-free:

1-866-253-1627

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