



Welcome to the AHRQ Medicaid and CHIP TA Webinar—
Improving Children's Health through the Adoption of HIT by Medicaid/CHIP Agencies

Thursday, June 4, 2009 2:00 – 3:30 p.m. Eastern

Presented by:

Cheryl Austein-Casnoff, MPH, Associate Administrator for Health Information Technology, Health Resources and Services Administration, U.S. Department of Health and Human Services

Yvonne Sanchez, Texas Health and Human Services Commission, Medicaid and CHIP Division

Moderated by:

Denise Dougherty, PhD, Senior Advisor, Child Health and Quality Improvement, Agency for Healthcare Research and Quality

*** Please note all participants were placed on mute as they joined the session.**

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Overview

- **Welcome** – Denise Dougherty, PhD, Senior Advisor, Child Health and Quality Improvement, Agency for Healthcare Research and Quality
- **Before We Begin** – Denise Dougherty
- **Introduction** – Denise Dougherty
- **Presentations**
 - *Promoting Child Health and Well Being Through HIT*
 - Presented by Cheryl Austein-Casnoff, MPH, Associate Administrator for Health Information Technology, Health Resources and Services Administration, U.S. Department of Health and Human Services
 - *Foster Care Health Passport*
 - Presented by Yvonne Sanchez, Texas Health and Human Services Commission, Medicaid and CHIP Division
- **Questions and Answers** – Denise Dougherty
- **Closing Remarks** – Denise Dougherty

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- If you have a question during the presentation, please send your question to **all panelists** through the chat. At the end of the presentations, there will be a question and answer period.
- Please e-mail Nicole Knops at nknops@rti.org if you would like a copy of today’s presentation slides.
- We are currently in the process of posting all of the TA Webinar presentation slides to the project website: <http://healthit.ahrq.gov/Medicaid-SCHIP>

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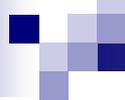


Promoting Child Health and Well Being Through HIT

Presented by:

Cheryl Austein-Casnoff, MPH, Associate Administrator for Health Information Technology, Health Resources and Services Administration, U.S. Department of Health and Human Services

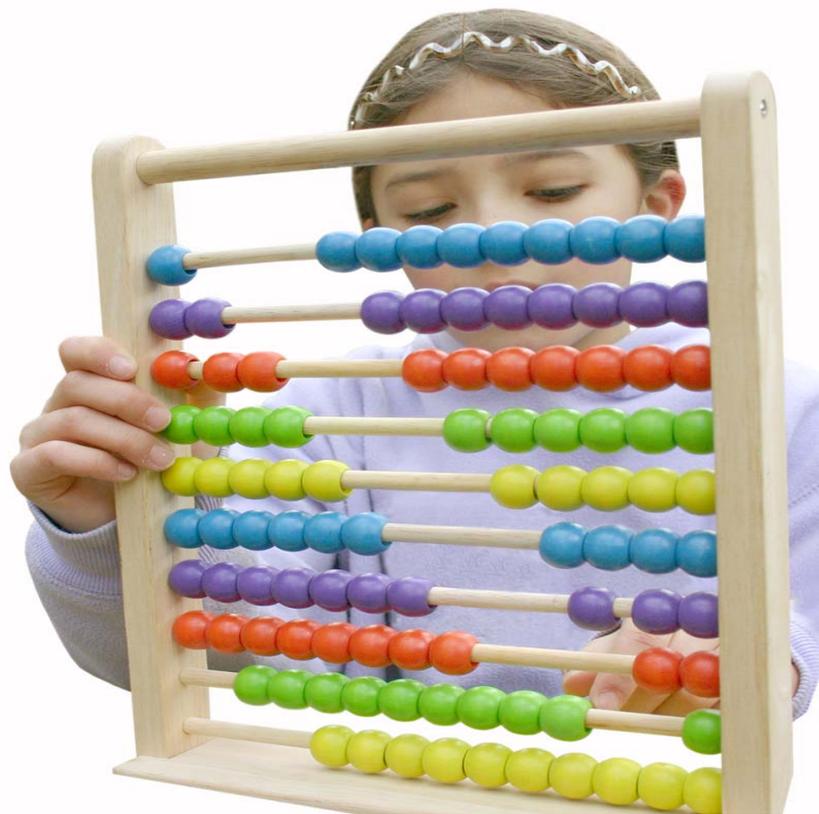
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Goals for Today

- Provide background on why HIT is important for children and programs that serve them.
- Highlight some unique challenges regarding HIT for children.
- Provide some concrete tools for HIT adoption and effective use.
- Highlight the role of HIT in effective oral health care.

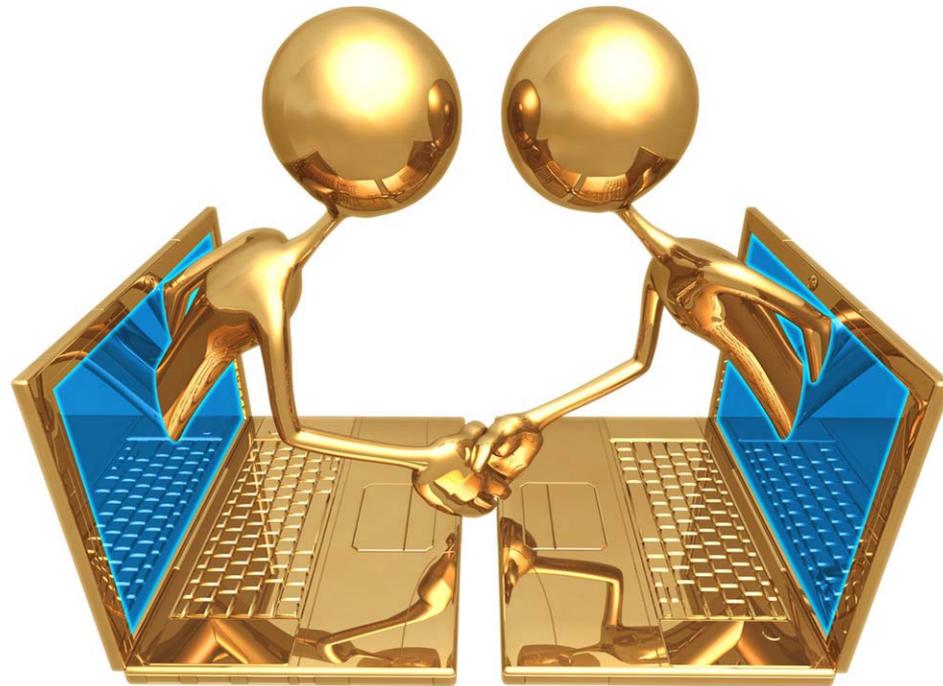
20th Century Child



21st Century Child



Sharing Information to Promote Child Health and Wellbeing



Why HIT for Children

- HIT can have a substantial impact on the quality and efficiency of health care for children .
- Electronic records (EHRs) can provide families with data about their children's health and assist families in tracking their children's health and development .
- Personal health records (PHRs) can enhance partnerships between families and health care providers, promote self-care, and enhance family decision making regarding the health of children and adolescents.
- Both EHRs and PHRs can provide key health information when a child becomes ill away from home or in a disaster.



Linking Health and Human Services for Children

- Children with special health care needs who receive services in both health and social services programs represent a unique challenge and opportunity.
- The capacity to exchange information between health care and social service providers can support effective coordination and communication.
- A few state Medicaid programs have begun to support implementation of PHR that functions as a common communication vehicle for multiple providers.

http://pediatrics.aappublications.org/cgi/content/full/123/Supplement_2/S61

Unique HIT Needs of Children

- There are numerous challenges that need to be overcome to fully realize the potential of HIT for children.
- As a child ages and grows, normative values for laboratory test results, growth parameters, and vital signs change.
- Electronic systems need to express these changes appropriately to be effective for pediatric usage.
- Growth charts, with calculation of BMI and percentiles and electronic graphing, are important tools for pediatric primary care practice and should become increasingly important to address the emerging problem of childhood obesity.

http://pediatrics.aappublications.org/cgi/content/full/123/Supplement_2/S61



Use of HIT by Pediatric Providers

- General pediatrics has lagged behind other specialties in uptake of electronic health tools.
- There are numerous barriers to adoption, primarily cost and the lack of appropriateness for pediatrics of the available products.
- The large number of solo and small practices in pediatrics, compared with family medicine and internal medicine, may also be a reason for pediatricians' lag in the adoption of EHRs.
- Lack of pediatric functionality has also been cited as a reason for lower rates of EHR adoption in pediatrics.

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Use of HIT by Pediatric Providers

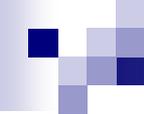
- In 2005, one study found that only 13.7% of general pediatricians in Florida were using EHRs.
- A 2005 national survey found that 21.3% of primary care pediatricians had EHRs in their practices.
 - Large networked practices were more likely to report using EHRs; only 3.5% of solo practices reported using EHRs.

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Certification of EHRs for Children

- As of May 2008, the Commission for Health Information Technology (CCHIT) has introduced optional, additional certifications for ambulatory EHRs intended for use in child health.
- The CCHIT [Child Health Work Group](#) has been convened to ensure that EHR products and networks address the health IT requirements of caring for children by developing criteria and test scripts to be added to other certification categories.
- There is a need for special standards and functionalities specific to pediatric needs, such as weight in the neonatal period recorded in grams.

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PHRs for Children

- There are a number of special challenges to the development and implementation of PHRs for pediatrics.
- Many commercial PHRs are adult-focused and may lack important pediatric functions, such as immunization and development tracking.

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HIPAA and Privacy for children

- HIPAA considers minor children to be deserving of special protection against harm and risk exposure.
- The law also expects that parents, guardians, or the state, acting in the role of parent, will make decisions on children's behalf and with their welfare.
- Although information sharing may be key to child safety and protection, there also is a strong impetus to protect children from harms resulting from the disclosure of information.
- Under certain circumstances, minor children possess autonomy over certain types of health care decisions.

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HIPAA and Privacy for Children

- HIPAA defers to state law on questions of health information privacy in the case of minor children (as defined by the state).
- Federal guidance creates a presumption in favor of parental disclosure in the absence of explicit state law to the contrary.
- The rule prohibits disclosure to third parties, such as health agencies, schools, and social welfare agencies, without specific consent.

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Unique Privacy Challenges for Children

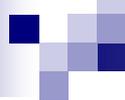
- Adolescents' and parents' legal rights to access medical records vary among states and may differ depending on the content, such as psychiatric issues or reproductive health.
- PHRs will need to develop multiple levels of security and to facilitate selective access to different components of the medical records.
- These permissions will need to change as an adolescent ages. Once the adolescent reaches age 18, access will need to be reassessed and systems developed to ensure that the young adult controls access to his or her PHR.

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HIT and Privacy for children

- Pediatric systems need to address unique privacy issues including adolescent privacy, foster and guardian care, and consent for treatment.
- State laws vary on the treatment of adolescents' rights to privacy regarding certain sensitive health information (e.g., pregnancy and sexually transmitted diseases) and parental notification.
- Electronic systems need to allow for differential treatment of certain protected information as needed.
- Pediatric electronic systems need to have the ability to identify and to change guardian status easily for children in foster and guardian care.

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HIPAA and Privacy for Children

- HIPAA distinguishes between emancipated and unemancipated minors regarding disclosure to third parties.
- Emancipated minors, like adults, must be given access to their health information and medical records, as well as the ability to obtain copies and to request corrections.
- For unemancipated minors, the rule provides for parental control of information flow.

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HIT and Enrollment

- Several states are using HIT to simplify Medicaid and SCHIP application, enrollment, and renewal practices.
- Many states provide online applications and use the Internet to convey program and eligibility information to families.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured.

<http://www.kff.org/medicaid/upload/7837.pdf>

HIT and Outreach

- There is growing state interest in using HIT to support targeted outreach to uninsured but eligible children.
 - Oklahoma is building an online Medicaid enrollment website and providing computer kiosks in community locations, such as food stamp offices and hospitals.
 - South Carolina used its data system to target outreach to uninsured children using emergency rooms and found a 30% reduction in emergency room use by uninsured children the following year.
 - Florida is running data checks to identify and target outreach to food stamp households that contain children who are not enrolled in Medicaid.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured. <http://www.kff.org/medicaid/upload/7837.pdf>

HIT and Quality

- States are using HIT to improve quality of care for children by facilitating communications and data sharing across agencies and providers.
 - In Rhode Island, a health center incorporated the data system into its workflow and had 95% of its children up-to-date on immunizations compared to the statewide average of 72%.
 - ER clinicians in Wisconsin report that data sharing is allowing them to identify patients [who are] repeatedly using the ER and refer them for case management services.
 - Arkansas is using its data system to provide higher reimbursement to physicians with higher Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening rates, and, in the first year, it experienced an 8% increase in EPSDT screenings.
 - Hawaii plans to use data from the system to provide feedback to providers on their EPSDT performance.

HIT and Quality

- HIT is being used to improve providers' ability to evaluate children's health needs and provide appropriate and effective care.
 - Indiana is using a Web-based mental health assessment tool for children and adolescents to enable providers to use more objective standards to assess needs and make treatment decisions. In its first year of operation, 30,000 children and youth were screened using the tool, and the state is factoring findings regarding levels of need for wraparound services into program and budget planning.
 - New Mexico is developing a statewide e-prescribing program.
 - Utah is using Medicaid claims data to identify inappropriate medication use and design evidence-based recommendations for care.

HIT and Special Needs Children

Some states are using HIT tools to meet the needs of vulnerable pediatric populations.

- Texas and the county of Milwaukee, Wisconsin, each created electronic health records that facilitate information sharing and medical services coordination for children in foster care.
- The coordinated services in Milwaukee have been credited with reducing the average daily census of children in long-term residential placement by 60%—from 364 per day to fewer than 140 per day.
- Vermont is developing a Web-based clinical information system to manage and evaluate care for the chronically ill.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured. <http://www.kff.org/medicaid/upload/7837.pdf>

HIT and Families

- Many states are beginning to use HIT to provide services to families to help them manage their children's health.
 - California created a statewide telemedicine network to improve access to health care in rural areas. The network currently supports 65 telemedicine sites and was used in nearly 2,000 patient encounters in 2006.
 - Oregon is enhancing patient engagement in care by creating a personal health record that the family controls.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured. <http://www.kff.org/medicaid/upload/7837.pdf>

HIT and Disease Management

- HIT is also helping states educate families about their health.
 - Vermont created a community health Web resource with information about chronic disease, health maintenance, and mental health and substance abuse as well as other concerns. Planning is underway to use this resource as a means for providing disease management tools.
 - Wyoming is reimbursing providers for educating patients about wellness, prevention, and disease management, and is distributing education and billing materials electronically to encourage providers to take on this role. Pediatricians in Wyoming are making 65% more referrals to the state's case management and health coaching program.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured. <http://www.kff.org/medicaid/upload/7837.pdf>

HIT and Program Planning

- Some states are using HIT to assist in program planning and undertaking significant system redesigns as a step toward modernizing their programs.
 - South Carolina uses data from a cross-agency statistical data warehouse to evaluate the impact of public services at a population level and to design program improvements.
 - Arizona and Alabama are constructing statewide electronic health systems that will include electronic health records, as well as data-driven, outcome-focused quality improvement and clinical decision support tools.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured. <http://www.kff.org/medicaid/upload/7837.pdf>

Learning from Others

- There are several ways states can utilize existing resources and assets to further their HIT efforts:
 - Learn from other states.
 - Use existing building blocks where possible and construct advances so they are building blocks for future development.
 - Utilize financial incentives to drive positive change.
 - Build the system with an eye toward the future.

Morrow, B. (2008, November). *Emerging health information technology for children in Medicaid and SCHIP programs*. Washington, DC: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured. <http://www.kff.org/medicaid/upload/7837.pdf>

2009 SCHIP Reauthorization

Demonstration Projects for Improving the Quality of Children's Health Care and the Use of HIT

- For FY 2009–2013, the Secretary shall award up to ten grants (for \$20 m) to states and child health providers to conduct demonstrations to evaluate promising ideas for improving the quality of children's health care provided under Medicaid or SCHIP, including projects to:
 - experiment with, and evaluate the use of, new measures of the quality of children's health care;
 - promote the use of health information technology in care delivery for children;
 - evaluate provider-based models that improve the delivery of children's health care services, including care management for children with chronic conditions and the use of evidence-based approaches to improve the effectiveness, safety, and efficiency of health care services for children; or
 - demonstrate the impact of the model electronic health record format for children on improving pediatric health, including the effects of chronic childhood health conditions, and pediatric health care quality as well as reducing health care costs.

2009 SCHIP Reauthorization

Development of Model EHR Record Format for Children Enrolled in Medicaid or SCHIP

- By January 1, 2010, the Secretary shall establish a program (\$5 m) to encourage the development and dissemination of a model electronic health record format for children enrolled in Medicaid and SCHIP. The record must be:
 - subject to state laws, accessible to parents, caregivers, and other consumers for the sole purpose of demonstrating compliance with school or leisure activity requirements, such as appropriate immunizations or physicals;
 - designed to allow interoperable exchanges that conform with federal and state privacy and security requirements;
 - structured in a manner that permits parents and caregivers to view and understand the extent to which the care their children receive is clinically appropriate and of high quality; and
 - capable of being incorporated into, and otherwise compatible with, other standards developed for electronic health records.

Toolkit on Children and HIT



U.S. Department of Health & Human Services

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Health IT for Children Toolbox

- About the Toolbox
- Introduction to Health IT for Children
- Cross Sector Coordination for Children's Health and Wellbeing
- Facilitating Enrollment and Retention in Public Health Insurance Programs for Children

Related Link

- » [AHRQ-NRC Home](#)

Key Topics

Background information and the latest evidence on key topics from the field of health IT.

- » [Electronic Medical/Health Records](#)
- » [Electronic Prescribing](#)
- » [Health IT in Small and Rural Communities](#)
- » [Health Information Exchange](#)
- » [Telehealth](#)

[All Key Topics](#)

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» [Health IT for Children Toolbox](#)

» [Health IT Adoption Toolbox](#)

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Welcome to the Health Resources and Services Administration ([HRSA](#)) toolbox on how health IT can be used to promote children's health and wellbeing. This resource is meant to serve those within the children's health community who seek to integrate information technology into promoting pediatric health and wellbeing.

Health IT for Children Toolbox Modules

- [1. Introduction to Health IT for Children](#)
- [2. Cross Sector Coordination for Children's Health and Wellbeing](#)
- [3. Facilitating Enrollment and Retention in Public Health Insurance Programs for Children](#)

This module provides a general introduction to the current health IT landscape and a specific view of health IT for children within that landscape. Also included is an overview of current Federal and State initiatives on health IT for children.

If you have trouble viewing/downloading files from the toolbox; please select the appropriate plug-in or viewer.

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- [MS Word Plug-in](#)
- [MS Excel Plug-in](#)
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Developed by the Health Resources and Services Administration as a resource for health centers and other safety net and ambulatory care providers who are seeking to implement health IT.



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Module 1 Introduction to Children's Health IT—DRAFT

Questions to be Addressed	Example Resources
What is health IT?	White paper on children's health IT importance
What is the vision for children's health and how can IT help?	Journal publications; links to federal websites and foundation websites
What are some state and federal initiatives focused on health IT for children?	Legislation, journal articles
How can this toolkit help?	Glossary of terms
Which modules can help me?	Press releases Leadership testimony Contact us

Module 2 Developing Pediatric Friendly EMRS—DRAFT

Questions to be Addressed	Example Resources
How can we get pediatricians and stakeholders on board?	Training tools (AllKidsCount, PCIP)
How can we demonstrate ROI?	Model initiatives (RI Kidsnet, CCHIT.org)
How can we finance EMRs for pediatric practices?	Publications on EMR success (<i>Journal of Public Health Management and Practice</i>)
What does an EMR require to meet pediatric needs?	Value calculators
Are there case studies of pediatric practice EMR implementations?	e-prescribing (NHIN)

Module 3 Building a Medical Home for Children—DRAFT

Questions to be Addressed	Example Resources
How do I create a medical home for children using HIT?	Unique patient identifier; American Academy of Pediatrics
How do we finance a medical home?	ROI calculators, journal articles
How does a medical home differ from a personal health record?	RI Kidsnet, AAP and AAFP
How can a medical home support transitions in care for children?	Journal articles
How do I assess whether my practice is functioning as a medical home?	Case studies, checklists

Module 4 Cross Sector Coordination and Planning for Children's Health—DRAFT

Questions to be Addressed	Example Resources
How do we bridge the communication barrier between sectors?	Model legislation (NGA, NCSL, Texas legislation)
How can IT help coordinate care? How can health information exchanges (HIE) help?	Business agreements (PHII)
What are privacy considerations for children in the context of HIT?	HIPAA compliance, existing organizations
How can we share information between health and human service systems and schools?	School agreements (CHADIS, National Head Start)
How can HIT assist in the development of immunization information systems?	Sample initiatives, case studies, journal articles

Module 5 Facilitating Enrollment and Retention in Public Health Insurance Programs Using HIT—DRAFT

Questions to be Addressed	Example Resources
What are the key barriers to enrollment and retention and how can HIT help?	Model systems or initiatives (Massachusetts Health Plan)
What are states doing to address enrollment and retention issues using HIT? How can states fund their efforts?	Agreements between states, reports, journal articles (NASMD, Children's Partnership)
Is there an ROI from automating enrollment and retention efforts?	Evidence of ROI (CBO article by Peter Orszag, ROI calculators)
How can federal and state initiatives promote health IT for public insurance enrollment and retention?	—

Module 6 Involving Family Members in Their Child's Health Care—DRAFT

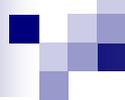
Questions to be Addressed	Example Resources
How can IT enhance communication with families?	USPSTF, GrowUpHealthy
How can IT help create a longitudinal patient record?	Birth certificate information (Healthy Start)
How can IT improve patient tracking? PHR, patient portals, etc.	Case studies, existing toolkits
How can we equip families with knowledge and tools to improve their children's health?	PHR initiatives (Indivo system, HealthyCity, PatientsLikeMe)

Module 7 Improving Quality with Children's Health IT—DRAFT

Questions to be Addressed	Example Resources
How can IT improve quality?	EMR installation, case studies (KIAS)
How can we improve efficiency of care delivery?	Sample policies (GrowUpHealthy, PCIP)
How can we improve health promotion and disease prevention?	http://www.aapd.org/ journal articles
How can we optimized behavioral health?	NYC Dept of Health and Mental Hygiene

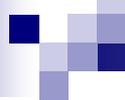
Module 8 Advanced Topics on Leadership and Organizational Design—DRAFT

Questions to be Addressed	Example Resources	Specific Resources Indicated in Meeting
What are the necessary leadership characteristics to improve children's health using health IT?	Need to be developed	Need to be developed
What are the organizational design features that can best promote cross-organizational use of health IT to improve children's health?	Need to be developed	Need to be developed



Contributing Resources to the Toolbox

- If you have resources that you would like to contribute to any of these areas please contact:
- Sophie Miller (miller-sophie@norc.org)
- Chris Dymek (dymek-chris@norc.org)

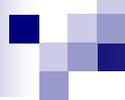


HIT and Oral Health

- Today there is little use of health IT and IT in dentistry
 - Limited adoption of electronic dental records (EDRs) and dental office management software

Initial Opportunities for Oral Health and HIT

- With HIT a child's oral health can be protected before birth by
 - informing parents about prevention strategies;
 - empowering WIC, Head Start, Early Intervention programs, daycare systems to promote oral health and identify children at risk for tooth decay;
 - providing diagnostic and anticipatory guidance support to physicians;
 - facilitating effective referrals to pediatric dentistry;
 - engaging families with individualized dental care action plans; and
 - linking information on the child's oral health needs to other others involved.



Initial Opportunities for Oral Health and HIT

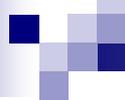
- Refine EDRs and establish standard for inter-user transfers of information.
- Link dental offices into virtual networks.
- Link dental services to primary care medical services.
- Improve access to information.
- Improve quality of dental care through informatics-based comparative effectiveness research.

Initial Opportunities for Oral Health and HIT

- EDRs have evolved slowly.
- Dentists [are showing] increasing interest in functionalities: billing, appt. management, recording clinical care.
- Refinements will make EDRs facile, interoperative, efficient to replace paper.

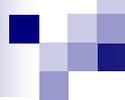
Initial Opportunities for Oral Health and HIT

- 19th century communication between primary care physicians and dentists (or nonexistent).
- Today, providers are more involved in oral health promotion.
- Medical homes refer kids to dental homes.
- Development of effective IT
 - Limit duplication of services
 - Promote coordinated care



Initial Opportunities for Oral Health and HIT

- HIT can improve the quality of pediatric dental care.
- Current dental care system does not incorporate formal performance tracking or quality improvement methodologies—systems not linked with others.
- HIT can create virtual networks leading to performance tracking and quality interventions.



Policy Recommendations

1. Extend current HIT and health care quality improvement programs to pediatric oral health.
2. Include IT in new general and oral health programs for children.
3. Establish a pediatric-specific demonstration program.
4. Charge programs serving at-risk children, i.e. Head Start, to develop HIT linkages with pediatric medical and dental providers.

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Foster Care Health Passport

Presented by:

Yvonne Sanchez, Texas Health and Human
Services Commission, Medicaid and CHIP
Division

Funded by the Agency for Healthcare
Research and Quality

Background

- In 2005, Texas legislature enacted Senate Bill 6 (SB6), which called for the development of a comprehensive medical services delivery model for children in foster care to provide uniform care to foster care children.
 - SB6 also mandated the development of an electronic health information system—the Foster Care Health Passport.
- The Health and Human Services Commission (HHSC) contracted with Superior HealthPlan Network as the managed care organization to operate the STAR Health Program.
 - Superior contracted with Cerner for development of the Passport
- STAR Health is a partnership with HHSC's Medicaid and CHIP Division and the Department of Family and Protective Services (DFPS).

Health Passport

Overview

- Operational on **April 1, 2008** for access to state staff, network providers, and foster parents
- Serves about 30,000 children statewide
- Secure, web-based electronic health record
- Provides access to authorized users according to their role
- Initially populated with 2 years of Medicaid and CHIP claims history and pharmacy data
- Available in electronic or printed formats to:
 - child's legal guardian, managing conservator, or parent
 - child if at least 18 years of age or an emancipated minor



Health Passport

Features

- **Demographics:** Displays personal contact information of the child's physicians and other individuals involved in the child's care.
- **Visit History:** Displays claim-based record of visits to a health care provider with date of service, diagnosis and procedures performed.
- **Medications:** Displays claims-based record on prescriptions filled.
- **Immunizations:** Displays a comprehensive list of immunizations.
- **Lab Results:** Displays results of lab tests performed, if available.
- **Vital Signs:** Providers can record vital signs at the point of care.
- **Allergies:** Providers can record allergies at the point of care; Passport checks the allergy for medication interactions.
- **Electronic Documentation:** Providers can document Texas Health Steps (THSteps), dental, and behavioral forms within the Passport.

Health Passport Data Sources

Data Type	Data Provider
Member data (eligibility and demographics)	DFPS and Eligibility Broker (Maximus)
Medical claims and encounter data	TX Medicaid and Healthcare Partnership (TMHP)
Other claims data (dental, long-term care, lab, vision,)	StarDent, TMHP, and Opticare
Pharmacy data	First Health
Laboratory results data	Quest Labs
Immunizations	TX Immunization Registry
Allergies, THSteps, and behavioral health forms	Providers

Health Passport

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Welcome to STAR Health

STAR Health is the statewide managed health care program for Texas foster care children that offers:

- **An Integrated Medical Home** where each foster care child has access to primary care physicians, behavioral health clinicians, specialists, dentists, vision services and more.
- **Care Coordination Services** to help children, families, and caregivers understand their benefits, get help with appointments, assist with transportation and identify local community resources.
- **Training** programs (onsite and online) that offer clinical expertise to families, caregivers, clinicians, caseworkers, child advocates and members of the judiciary.

Who is Superior HealthPlan Network?

Superior HealthPlan Network is the managed care company selected by the Texas Health and Human Services Commission to manage the STAR Health program. Superior works very closely with the Texas Department of Family and Protective Services (DFPS) to make sure foster children throughout the state get the services they need.

STAR Health Benefits and Services

The following is a partial list of all the benefits and services available to STAR Health members:

Health Passport Login

User Name

Password



[Sign Up](#)

[Forgot Password /
Unlock Account](#)

Health Passport

Overview Module: Facesheet

Search Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R DO

Overview

Overview | Facesheet | Recent Activity

DUCK, HEWEY R

1234 W DISNEY AVE
ORLANDO, TX 90210-1111
(314) 555-1234
alt: (314) 555-6789

Member #: TX00104267101(HP ID- for SUPERIOR use), 515720598(Medicaid ID)
DFPS Id: 26434518(DFPS ID)
Age: 12Y 9M
Gender: Male
DOB: 3/17/1995
Language: N/A

Primary Care Physician
PATEL, ATULKUMAR R
2019 S HENDERSON STE 2
KILGORE, TX 75662
(903) 984-2002

Allergies

SUBSTANCE	REACTION	STATUS	TYPE
amoxicillin(*)	Confusion	Active	Allergy
bee pollen	Shortness of breath	Active	Allergy
Bee Stings	Abdominal pain	Active	Allergy
clonidine	Confusion	Active	Allergy
Lipitor	Nausea	Active	Allergy
penicillin	Asthma	Active	Allergy

Immunizations

VACCINE	ADMINISTRATION DATE	ADMIN AGE	SOURCE
Diphtheria, tetanus toxoids, and acellul	5/20/2000	5Y 2M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	12/17/1996	1Y 9M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	12/23/1995	9M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	9/23/1995	6M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	7/27/1995	4M 1W	ImmTrac
Measles, mumps and rubella virus vaccine	5/20/2000	5Y 2M	ImmTrac
Measles, mumps and rubella virus vaccine	9/24/1996	1Y 6M	ImmTrac
poliovirus vaccine, live, trivalent	5/20/2000	5Y 2M	ImmTrac
poliovirus vaccine, live, trivalent	12/17/1996	1Y 9M	ImmTrac
poliovirus vaccine, live, trivalent	9/23/1995	6M	ImmTrac
poliovirus vaccine, live, trivalent	7/27/1995	4M 1W	ImmTrac

Overview: Provides a snapshot view of recent encounters from the clinical information modules on the navigation menu

The *Facesheet* tab displays a member's brief demographics information, allergies, and immunizations



Health Passport

Overview Module: Recent Activity

Search Example User, Texas H

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

▼ MENU **Overview**

Overview **Facesheet** Recent Activity

» Show: From 6/2/2006 To 6/2/2007 Print

The Recent Activity tab displays a member's claim visits, medication claims, and all labs results

Claim Visits

DATE	LOS	DIAGNOSIS	CODE	VISIT TYPE	BILLING ENTITY	SOURCE
» 6/2/2007		ACUTE TONSILLITIS	463	Inpatient Hospital	HOSPITAL ALIC, CHRISTUS SPOHN	Superior
		LABORATORY EXAMINATION	V72.6		HOSPITAL ALIC, CHRISTUS SPOHN	
		LABORATORY EXAMINATION	V72.6		HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007		ACUTE TONSILLITIS	463	Inpatient Hospital	HOSPITAL ALIC, CHRISTUS SPOHN	Superior
		LABORATORY EXAMINATION	V72.6		HOSPITAL ALIC, CHRISTUS SPOHN	
		LABORATORY EXAMINATION	V72.6		HOSPITAL ALIC, CHRISTUS SPOHN	

Medication Claims

5/21/2007	clonidine 0.1 mg oral tablet, #90.000, OLE PHCY #502 (Source: First Health)
5/21/2007	clonidine 0.1 mg oral tablet, #90.000, OLE PHCY #502, managed by SCHACK, RICARDO C (Source: First Health)
4/23/2007	clonidine 0.1 mg oral tablet, #90.000, OLE PHCY #502, managed by SCHACK, RICARDO C (Source: First Health)
3/21/2007	Adderall XR 30 mg oral capsule, extended release, #90.000, OLE PHCY #502, managed by SCHACK, RICARDO C (Source: First Health)
3/21/2007	clonidine 0.1 mg oral tablet, #90.000, OLE PHCY #502, managed by SCHACK, RICARDO C (Source: First Health)

TESTPHYSICIAN, BOB

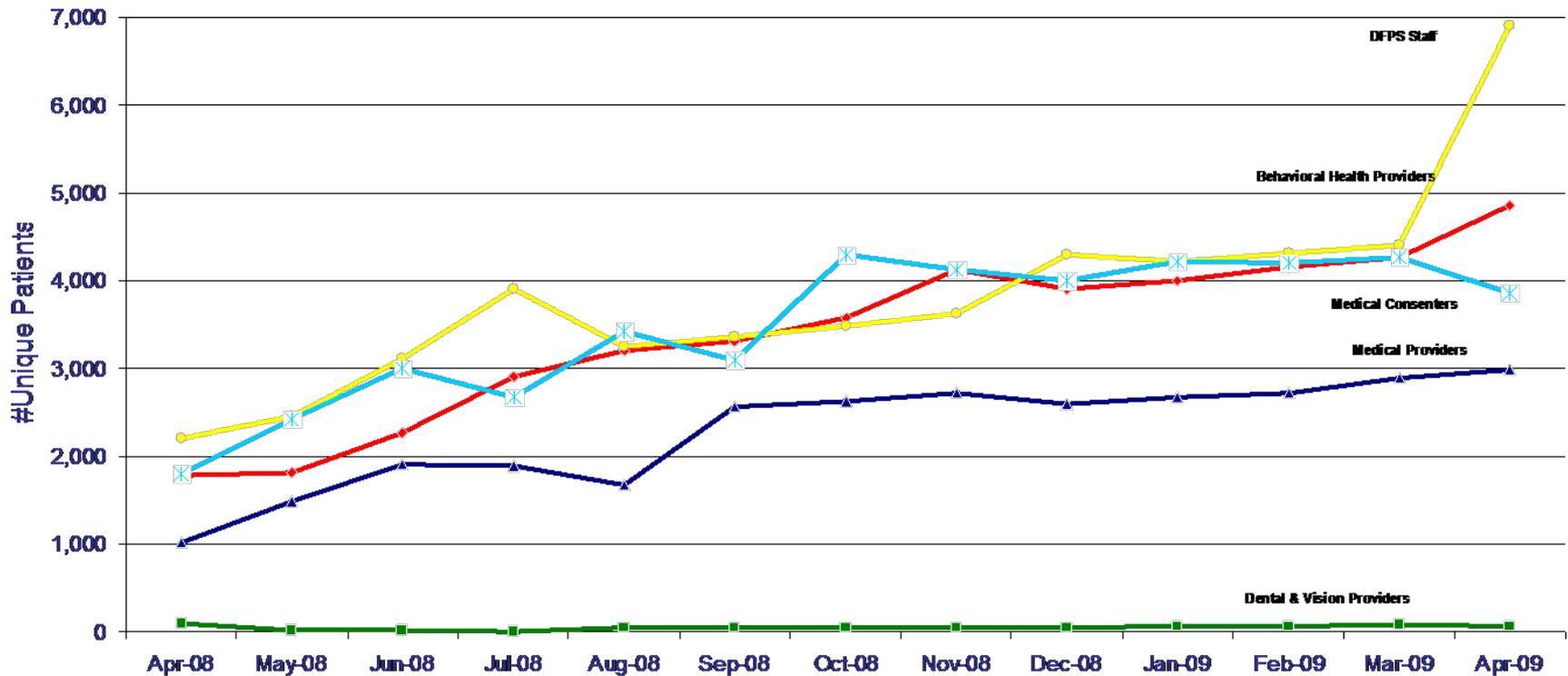
3360 FRENCHTOWN ST.
AUSTIN, TX 37411

Fax: (229) 890-3397
(229) 985-2080

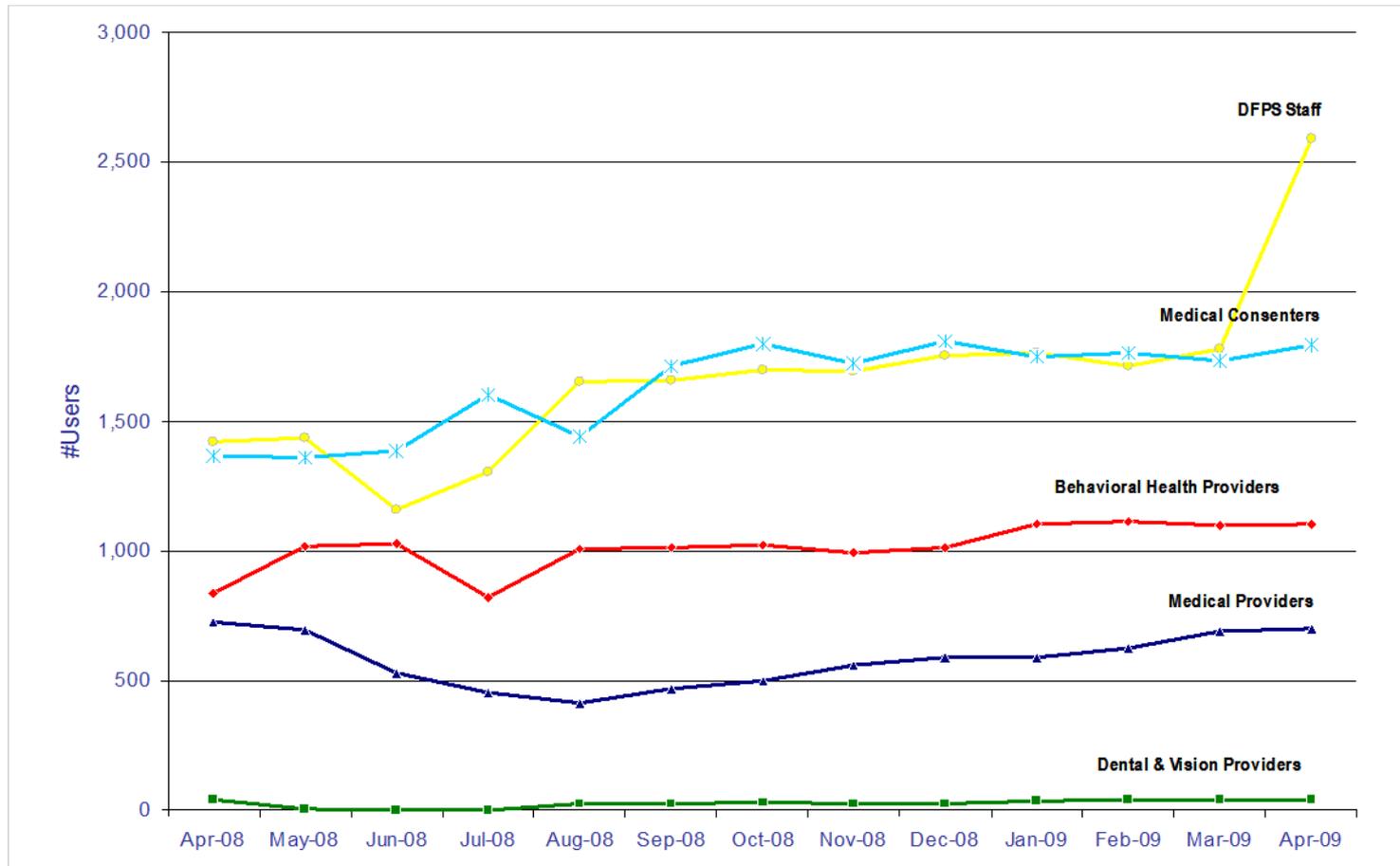
All Labs

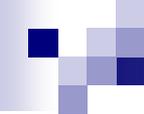
DATE & TIME (CT)	ITEM	VALUE	ORDERING PHYSICIAN	SOURCE
5/21/2007 12:00 AM	MCV.	94.8 fl.*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	MCHC.	33.7 g/dl.*	TESTPHYSICIAN, BOB	Quest

Health Passport Unique Patients Viewed



Health Passport System Use by Role





Health Passport

Lessons Learned

What Worked Well

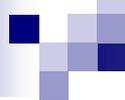
- Continuously communicated through formal and informal channels with all stakeholders to work through the issues
- Involved all internal stakeholders early in the process, including contractors
- Supported by executive management
- Managed expectations throughout the process, including the use of prototype screens at regular intervals
- Maintained the project scope

Health Passport

Lessons Learned

What Can Be Improved

- Assign sufficient resources to the project; few people dedicated full-time to the project.
- Ensure the quality of the data coming from legacy systems, especially eligibility data.
- More rigorous system testing to better identify potential problems.
- Spend more time upfront determining management reporting requirements needed to oversee the program.
- Involve external stakeholders early in the process to obtain valuable and timely input.



Health Passport

Expected Benefits

1st – Reduction in the duplication of services

Example: Case worker avoided duplication of dental services for a large family because the claim records of previous services were in the Passport.

2nd – Improved monitoring of compliance with prescription regimens

Example: In a pre-adoption review, DFPS case worker intervened when a pattern of noncompliance with behavioral health treatments was noticed.

3rd – Enhanced preventive care through improved documentation of Texas Health Steps exams

Health Passport

Expected Benefits

4th – Improved care coordination and data sharing among a child's health care providers and DFPS staff

Example: Child began exhibiting behavioral issues; with the historical data contained in the Passport, able to contact the previous provider to obtain detailed medical history and prevent a placement breakdown.

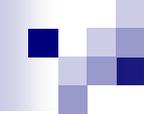
Example: In a kinship placement, relative of a diabetic child did not know about the medication needs of the child; the care coordinator used the Passport to identify the child's previous physician to obtain medication dosage information.



Health Passport

Medicaid Transformation Grant

- HHSC was awarded \$4 million in Medicaid transformation grant funds to develop and enhance the Foster Care Health Passport.
- CMS grant paid for initial development and will pay for the following:
 - post-implementation enhancements to the Passport ;
 - establish data exchange with STAR Health network providers who currently use electronic medical records; and
 - development of data interface with the State laboratory for Texas Health Steps lab results.
- Currently evaluating the option of adding e-prescribing to the Passport.



Health Passport

For additional information, contact:

Yvonne Sanchez

Texas Health and Human Services Commission

Medicaid and CHIP Division

Yvonne.Sanchez@hhsc.state.tx.us

512-491-4055



■ Question and Answer

- Please type your question into the chat box.
- If you wish to be unmuted, choose the “raise hand” option to notify the host.

New Community of Practice – Focus on CHIP-only Agencies

Who: CHIP agency health IT / HIE leaders

What: Share experiences, challenges, and lessons learned among stand-alone CHIP agencies

When: Meetings every 2 months starting in August 2009

- Participants set the agenda and identify priority topics for discussion.
- Potential topics could include:
 - Designing / using health IT in quality improvement initiatives
 - Exchanging health information with public health agencies
 - CHIPRA provisions
- **Please e-mail Stephanie Kissam at skissam@rti.org by Friday, June 19th** if you are interested in participating.
 - Please share with others in your organization who might be interested in becoming members of this new CoP.



Evaluation

- Immediately following the webinar, an evaluation form will appear on your screen.
- We would very much like to get your feedback; your input is extremely important to us and will help to improve future sessions to ensure we provide the best possible assistance to your agency.
- If you do not have time to complete the evaluation immediately following the webinar or would rather receive the form via e-mail, please contact Nicole Knops at nknops@rti.org.
- As always, thank you!



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



Project Information

Please send comments and recommendations to:
Medicaid-SCHIP-HIT@ahrq.hhs.gov

or Call Toll-free:

1-866-253-1627

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