

# AHRQ Medicaid and CHIP Technical Assistance Webinar

Presented by:

**Chuck Thompson, PhD**

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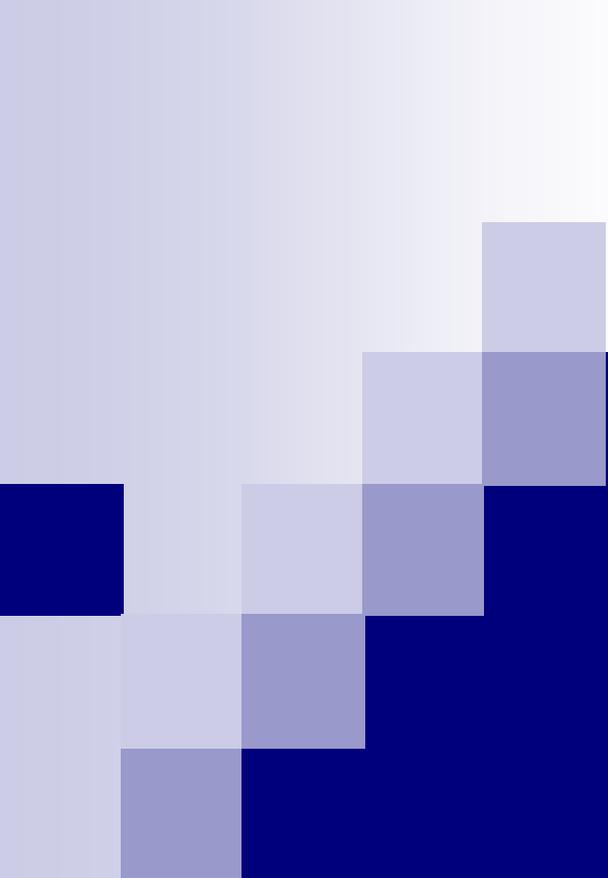
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# Before We Begin

- Please note all participants were placed on mute as they joined the Webinar.
- If you wish to be unmuted, choose the “raise hand” option to notify the host.
- 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.
- We are currently in the process of posting all of the TA Webinar presentation slides to the project Web site:  
<http://healthit.ahrq.gov/Medicaid-SCHIP>
- A recording of this session will be posted on the project Web site.

# Overview

- Welcome—Heather Johnson-Skrivanek, AHRQ
- *Barriers to Meeting Meaningful Use Among Medicaid and CHIP Providers: Findings from a Recent Study*
- Questions and answers—Heather Johnson-Skrivanek, AHRQ
- Closing remarks—Heather Johnson-Skrivanek, AHRQ



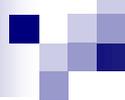
# AHRQ-ONC

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# Learning Objectives

- Provide an overview of this study that was aimed at identifying barriers to Meaningful Use (MU) among providers who care for the Medicaid-insured population.
- Identify the challenges to meeting MU among Medicaid providers who have adopted and are using electronic health records (EHRs) and those who have not yet adopted EHRs.
- Discuss the study findings and the implications for Stages 1 and 2 of MU.
- Discuss the study recommendations, including ways to improve programs and processes to overcome barriers.

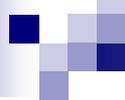
# Team Members

## Project Team

- Heather Johnson-Skrivanek, AHRQ
- Chuck Thompson, RTI
- Stephanie Kissam, RTI
- Alison Banger, RTI
- Linda Dimitropoulos, RTI
- John Marks, WVMI
- Patricia Ruddick, WVMI
- Patricia MacTaggart, GWU

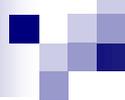
## Technical Expert Panel

- Erin Grace, AHRQ
- Cindy Brach, AHRQ
- Larry Clark, CMS
- Doug Fridsma, ONC
- Yael Harris, HRSA
- Jess Kahn, CMS
- Mat Kendall, ONC
- Anna Poker, HRSA
- Josh Seidman, ONC



# Project Goal

- Identify potential barriers to meeting the eligibility criteria for receiving incentive payments under the Medicaid EHR Incentive Program; barriers to adoption, implementation, or upgrading of EHR systems; and barriers to achieving MU.
- Develop recommendations to Medicaid agencies for ways that they can help providers overcome these potential barriers as well as provide recommendations for technical assistance to aid Medicaid agencies in their effort to assist providers.



# Process

- Develop research plan and questions.
- Develop moderator's guides and supporting materials for focus groups.
- Pilot test and revise focus group materials.
- Receive OMB and IRB approval.
- Recruit participants.
- Conduct focus groups.
- Analyze and report results.

# Focus Group Participants

- Providers eligible for Medicaid EHR Incentive Program
- EPs: Physicians (particularly pediatricians), dentists, nurse practitioners, certified nurse midwives, and physician assistants who practice at a Federally Qualified Health Center (FQHC) led by a PA

# Progress to Date

## ■ Completed

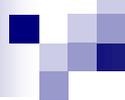
- Pilot test
- OMB (clearance received October 25, 2011)
- Data collection (January 3–February 6, 2012)

## ■ Current

- Analysis of results and development of recommendations

## ■ Upcoming

- Final report to be posted to AHRQ Web site  
<http://healthit.ahrq.gov/Medicaid-SCHIP>



# Research Questions

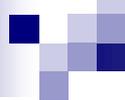
## ■ Participation in Medicaid Incentive Program

- Applying for the EHR Incentive Program (e.g., determining percent Medicaid)
- Effect of Incentive Program on decision to adopt/implement/upgrade (A/I/U) or use

# Research Questions

## ■ Barriers to A/I/U

- Selecting or upgrading EHR
- Impact of HIE capability on EHR adoption and use
- Effect of participation with REC or HCCN
- Transitioning from noncertified to certified EHR



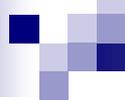
# Research Questions

- Barriers to achieving MU
  - Variation by practitioner type
  - Understanding the objectives
  - Challenges related to specific EHR functions
  - Issues with structured data
  - Barriers unique to Medicaid providers



# Focus Group Configuration

- 17 focus groups (3 in-person, 14 virtual)
- 68 participants from 9 states
- Majority private practice and urban
- Nearly 50% solo practitioners
- Not as many dentists and FQHC/CHC staff participated as targeted



# Key Findings

## ■ Frame of reference:

- Study aimed at teasing out barriers, so findings are often negative
- Positive comments highlighted where they refuted a potential barrier
- Summary of both positive experiences and challenges in using specific EHR functions noted in the report

# Participation in Medicaid EHR Incentive Program: Informational Barriers

- Respondents wanted more information on specific MU objectives
  - “Step by step, how am I supposed to do this? What declarations do I need to make? What documents do I need to sign? [I need] details about what the meaningful use requirements are, and honestly I’m not finding that anywhere.”
- Some reported lack of information from State programs, and wanted to hear from government agency, not vendor.

# Participation in Medicaid EHR Incentive Program: Elements of Eligibility

- Respondents were aware of EHR certification as part of the Incentive Program, but equated it with EHR quality
  - “I’m not very good at differentiating between a good and a bad EHR...so if you have a certification I’m assuming that it’s like a seal that the EHR is something ...that is feasible and workable.”
- No concerns with determining eligibility were reported.

# Participation in Medicaid EHR Incentive Program: Influence of Payments

- Some were influenced by incentives (adopters and nonadopters)
  - Monetary incentives were central for this group
  - “I think without the incentive money, we would have dragged our feet for another several years and waited until better communication existed between existing systems.”
- Some nonadopters felt financial incentives were not sufficient to overcome perceived loss in productivity.

# Barriers to A/I/U: EHR Selection

- Majority reported vendors as source of information to assist with EHR selection.
- Many respondents had not heard of RECs, so did not use them as a resource in EHR selection.
- When RECs were mentioned, comments were positive
  - “We made the decision but I think [REC] helped us at least with the narrowing process...it’s been really, really helpful. I think it would have been difficult without [REC.]”

# Barriers to A/I/U: Expectations of Nonadopters

- Nonadopters tended to perceive more benefits than risks, and expectations were in sharp contrast to experiences recounted by adopters in this study.
- Benefits nonadopters anticipated:
  - Time savings
  - Improved coding
  - Ability to share information electronically.

# Barriers to A/I/U: Experience of Adopters

## ■ Issues of transition

- Some EHR adopters noted that their challenges may result from still being in transition from paper to EHRs.
- Other long-time EHR users still expressed similar concerns and challenges.

## ■ Issues by EHR system/vendor

- Some respondents switched from one EHR to another in hopes of improving their experience.
- Not enough data were available to compare reported challenges by EHR system used.

# Barriers to A/I/U: Concerns About Adoption and Use (1)

- Cost of EHRs and reduced productivity
  - Mentioned in context of low Medicaid reimbursement rates
  - Adopters focused on unexpected fees for licensing, maintenance, server updates, and technical assistance.
- Concern about stability of EHR market
  - “If we choose certain software vendors, how long will they be in business?”

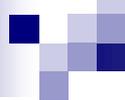
# Barriers to A/I/U: Concerns About Adoption and Use (2)

- Loss of access to data
  - Adopters focused on data management, storage and retrieval, and migration from one system to another.
- Quality of clinical documentation
  - “I read H and Ps from outside sources that use these systems and it’s crap...it’s 7 pages long and you don’t trust any of it because they’ve documented stuff that was completely superfluous and haven’t adequately documented the thing that you wanted to know about.”

# Barriers to A/I/U: Concerns About Adoption and Use (3)

## ■ Lack of interoperability

- “[There are] multiple systems and if they don’t cross-communicate with one another, it concerns me...the ability to communicate from physician to physician, physician to lab, or physician to ER...is crucial.”



# On the Positive Side

“It is like having a baby in your family. The labor and delivery process is expensive and painful, but then you go home with a healthy baby and it is going to be really good. I kind of look at going on the electronic medical record as birthing a baby—the end product is the best thing in the world, but it is going to be painful getting there.”

# Barriers to A/I/U: Workflow Challenges (1)

## ■ Need to create workarounds

- “The program I’m using doesn’t really have a good problem list. so I put people’s problem lists in their demographics.”

## ■ Takes additional time to use EHRs

- “I get behind at times to where I actually write everything on paper and spend 2 to 3 hours a night typing in my notes because the computer is so slow and cumbersome.”

# Barriers to A/I/U: Workflow Challenges (2)

## ■ EHRs detract from clinical care

- “I used to draw a lot of pictures...that would help me with a lot of my recall of where an injury was.”
- “You get click fatigue.”
- “Maybe in 6 months, maybe a year, the computer system will be better, the templates will be better...but right now I lack total confidence in my ability to take care of the patient using the EHR.”

# Perspectives

- “This system was designed by one of the academics, or maybe one of the three-piece suits with the attaché case, but it certainly was not somebody in the trenches seeing patients, up to 90 patients a day. It makes absolutely no sense whatsoever.”
- “I think many physicians are misled to think you turn it on and it is a word processor and you buy a new version of Microsoft Word and you learn it in an hour but it is not like that. It is a totally different way of thinking about the encounter.”

# Barriers to A/I/U: Patient-Provider Interactions

## ■ Negative impact of using EHRs

- “A lot of my communication is nonverbal. I feel like I’m missing the things that I used to be able to pick up.”
- “You lose that physician or provider-patient contact because you are constantly looking at the computer screen and patients want you to look at them.”

# Barriers to A/I/U: Characteristics of Medicaid-Insured Patient Population

- Most did not indicate that being covered by Medicaid made a difference, but noted:
  - Frequently changed phone numbers/addresses impede reminders.
  - No Internet access impedes online access to health information.
  - Language barriers impede patient educational resources.
  - Pediatricians-specific: Computer equipment in the exam room with small children; confidentiality of adolescent health information.

# Barriers to A/I/U: Using Structured Data

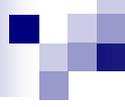
- Positive and negative comments were equal in number
  - “In terms of medication and medication allergies, I think that’s really important to put that into the structured data because that’s where you get the medication interaction lists.”
  - “Sometimes if you’re looking for a particular diagnosis, they have 30 diagnoses related to that diagnosis, and you have to go through it all to find the one that fits you.”

# Barriers to A/I/U: Health Information Exchange

- Laboratory interfaces most common, but others frustrated at expense
  - “Everyone wants a chunk of money to set up an interface and we had so much difficulty trying to negotiate with some of the labs...so unless it is mandatory or someone is saying ‘here, we’re doing this gratis for you,’ we hit a brick wall.”
- Most are interested in health information exchange but do not experience it, and are skeptical that it will be available anytime soon.

# Barriers to Achieving MU

- Majority of respondents reported use of many Stage 1 MU objectives, with some reported barriers.
- Least frequently used functions:
  - Core measures: clinical decision support, providing e-copy of health info on request, providing clinical summaries
  - Menu measures: drug formulary checks, lab test results as structured data, patient-specific educational materials, medication reconciliation, patient reminders, giving patients electronic access to health information



# Another Perspective

“I think to the insurance company or to the statistician...they [EHRs] are a wonderful thing, but I said, before you can make dessert (which is what they look like, they want all this statistical information), you have to eat your meat and potatoes. Right now we’re starving to death because this computer won’t let us cook things or process things quickly enough.”

# Barriers to Achieving MU

- Limited awareness of RECs, but majority wanted more information on their REC
  - Clear need for more technical assistance in selecting and using EHRs
  - Those who worked with REC had positive experiences

# Barriers to Achieving MU

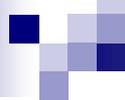
- Similar barriers to using EHRs for MU for all types of providers, with some differences
  - Dentists: Lack of certified EHR products, irrelevant MU objectives
  - Pediatricians, obstetricians, gynecologists, certified nurse midwives: irrelevant MU objectives

# Recommendation 1

- Promote a more proactive approach for Medicaid agencies to assist Medicaid providers in achieving MU.
  - Increase direct communication about the requirements of the Medicaid EHR Incentive Program.
    - Consider sending letters to providers directly.
    - Find channels of communication that will reach providers at different times and in different ways.
  - Educate providers on technical assistance that is available.
    - RECs: share provider lists with RECs, contract with RECs to provide TA to nonprimary care Medicaid EPs.
    - HRSA toolkits, Webinars, and video modules are available.

# Recommendation 1 (cont.)

- Promote a more proactive approach for Medicaid agencies to assist Medicaid providers in achieving MU.
  - Advocate for State health information exchange services, such as creating interfaces with laboratories and radiology facilities.
  - Promote identification of business process improvements to help increase reimbursements as well as cost containment strategies to help reduce ongoing costs.



# Recommendation 2

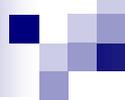
- Promote specific areas for TA from RECs, vendors, and others
  - Help with EHR selection process, including explanation of EHR certification
  - Education on EHR capabilities and ways to optimize use in practice settings
  - Technical assistance to optimize workflow, office setup, and patient education

# Recommendation 3

- Promote planning for the Stage 2 MU requirements
  - Technical assistance that helps achieve both Stage 1 and Stage 2, focused on:
    - Implementing clinical decision support rules
    - Incorporating lab results as structured data
    - Establishing online access for patients to view health information and encouraging its use
    - Providing clinical summaries.

# Recommendation 4

- Create short- and long-term research agenda that addresses sociocultural, sociotechnical, and training/technical assistance needs of Medicaid and other providers.
  - Identify better ways to help providers “fit” systems to their practice needs and workflow.
  - Identify better ways to match technical assistance (from RECs and others) to practice needs.
  - Identify best practices related to documentation.
  - Examine current system use workarounds to inform technology and/or workflow redesign.
  - Examine current system use workarounds that may impact patient safety.



# One Final Thought

“Really there are still a lot of advantages to transitioning to an EMR. Always remember, ‘What are your headaches with the paper charts?’ And if you always think about the problems you have with paper charts, keep those in mind when you’re banging your head against the wall during your training session...remember, ‘What were the problems with paper charts and why we want to change?’ I always have to remind myself—why are we doing this again?”

# Discussion

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- 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 Diana Smith at [dianasmith@rti.org](mailto:dianasmith@rti.org).
- As always, thank you!