



Welcome to the AHRQ Medicaid and CHIP TA Webinar

Monday, April 16, 2012, 3:00–5:00 p.m. Eastern

Data Linkage and Exchange: Opportunities for Improved Services for Children with Special Health/Developmental Needs

Presented by:

Illinois Dept. of Healthcare and Family Services

Ray Meyer, Senior Software Engineer

Julie B. Doetch, Manager, Child Health Section

Oklahoma Health Care Authority

Melody Anthony, MS, *Director of Provider Services*

Sue Robertson, *ABCD Project Director & Child Health Manager*

University of Oklahoma Health Sciences Center

Elaine Stageberg, MHA, *Practice Facilitator*

Moderated by:

John Marks, Director of State Services, WVMU

Funded by the Agency for Healthcare
Research and Quality

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

Before We Begin

- Please note that 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 – John Marks, WVMI
- Before we begin
- Introduction

**Data Linkage and Exchange: Opportunities for Improved Services
for Children with Special Health/Developmental Needs**

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University of Oklahoma Health Sciences Center Elaine Stageberg,
MHA, *Practice Facilitator*

- Questions and Answers – John Marks
- Closing Remarks – John Marks

Overview (continued)

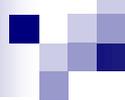
- Purpose:

Increase awareness and understanding of how Medicaid and CHIP agencies can leverage data from multiple services to improve children's services.

- Presented by:

ABCD III programs administered by:

- The Illinois Dept. of Healthcare and Family Services
- The Oklahoma Health Care Authority

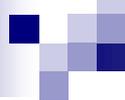


The ABCD III Program

- **A**ssuring **B**etter **C**hild Health and **D**evelopment
- Projects funded by the Commonwealth Fund and administered by the National Academy for State Health Policy (NASHP)
- Since 2000, ABCD has helped 27 states create models of service delivery through a laboratory for program development and innovation.

Data Linkage in the HFS Enterprise Data Warehouse

Ray Meyer
OptumInsight
April 16, 2012



HFS Enterprise Data Warehouse (EDW)

- Proposed and funded late 90's
- Construction began in 2000
- Teradata database
- Nearly 2 billion claim services from 7/1/96 forward
- Plus all supporting data – recipient, provider, payee, eligibility, etc.
- Other sources of data – Illinois agencies, federal government, etc.
- Over 9 terabytes (9 trillion characters) of data

EDW Data Sources

- Medicaid program data
 - Monetary
 - Services
 - Patient, provider, and payee history
- Vital records – births and deaths
- Lead screening
- Adverse pregnancy outcome
- Genetic screening
- Immunization registry information



EDW Data Sources

- Cornerstone
 - Women, Infants and Children (WIC)
 - Family Case Management
 - Healthy Start
 - Teen Parent Services (TPS)
 - Targeted Intensive Prenatal Case Management
 - Early Intervention

Handling Data from a Variety of Sources

- Different data storage formats
- Timing to have reasonably synchronized data
- Need to link data
- Keys to access individual data all different
- Keys to access individual data may not be unique
- Names can be different
- Addresses cannot reliably be used to match individuals
- Requires introduction of “probability” in some situations
- Probability for two sets of data that do not match exactly

Types of Match Processes

- Deterministic (all Identical matching fields)
 - Majority of matches
- Probabilistic (matching similar or nearly similar fields)
 - Attempts to programmatically identify matches when fields are nearly identical
 - Birth date digits transposed, name spelling differences

Data Preparation for Matching

- Identify data fields to use
 - First name, last name, birth date, etc.
- Establish common names
 - Bob and Bobby become Robert
 - Barb and Babs become Barbara
- Weight the match criteria
- Establish scoring for each potential match
- Evaluate matches
- Each dataset match differs in data quality and available fields

Deterministic Weights/Scoring

- Scores each unique value for each field (weightings)
- Scores each potential field match based on nearness of data fields to unique values
- Performs calculation with weights and scores to determine final match score
- Results in a match, a no match, or an indeterminate

Known Linking Constraints

- Deterministic matches cannot guarantee 100% accuracy
- Probabilistic matches cannot guarantee 100% accuracy
- Combination of deterministic and probabilistic matches cannot guarantee 100% accuracy

Match, No Match, Indeterminate

- Match example
 - Two sources, one with “John Smith,” the other with “Johnny Smith,” same birth dates and SSN
- No Match example
 - Four sources, all with “John Smith,” all with different birth dates, all with different SSN
- Indeterminate example
 - Four sources, all with last name of Smith, two with first name John, two with no first name, no SSNs, none with identical birth date, but all birth dates contain same digits (e.g., 2010-02-12, 2001-12-02, 2001-02-12, 2000-11-22)

Data Quality Constraints

- Data quality dramatically affects the quality of linking
- Known data quality Issues
 - Duplicated entries
 - Missing name (first and/or last)
 - Missing or invalid birth date
 - Missing, invalid, or shared SSN
 - Invalid gender
 - Multiple names on different sources for the same individual

Uses of Linked Data Sets in Illinois

- Moms and Babies
 - Use of vital records birth data to match to Medicaid
 - Pulls and matches maternal and paternal data where available
 - Link WIC and Family Case Management for analysis
- HEDIS Measures
 - Immunization (also part of pay for performance)
 - Lead screenings
- Part of data provided to PCCM and MCO partners



Lessons Learned

- Even a high quality back-end process performing data matching will never replace high quality data input with a unified (unique) identification number system
- Multiple state agencies can benefit from aggregating the data and having access to their data matched to Medicaid claims
- Medicaid benefits by having non-clinical data (e.g., WIC/FCM) for additional analysis of claims data



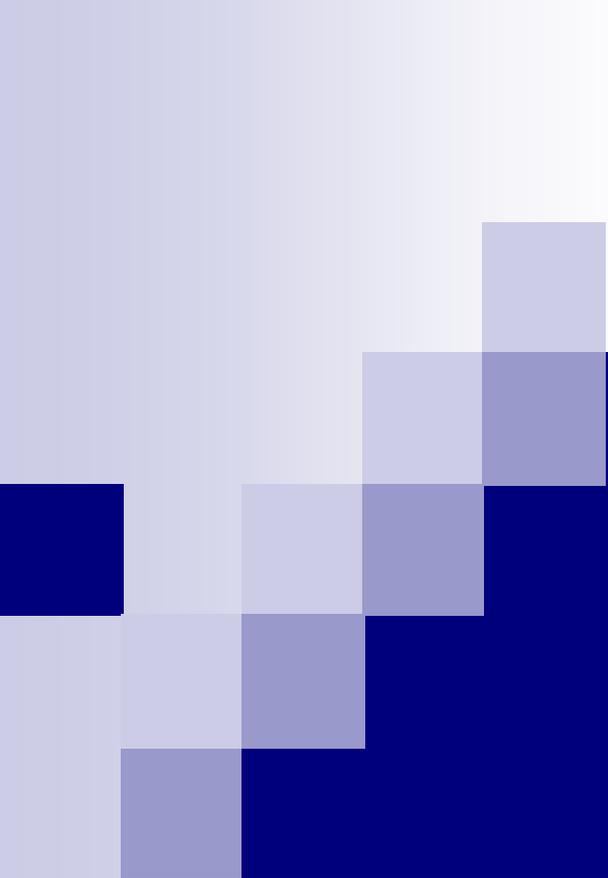
Lessons Learned (continued)

- Aggregating data provides robust data analysis opportunities (e.g., CHIPRA Child Health Quality Demonstration grant core measures, HEDIS quality measures)
- Data access security is essential, but can also be prohibitive to working with the data
- Legal aspects of data access must be addressed (e.g., data sharing agreements, legislation)



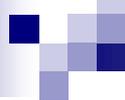
Questions?

Any Questions?



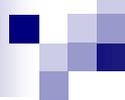
Assuring Better Child Health and Development (ABCD) III: *Coordinating Care for Young Children*

Julie Doetsch, MA
Illinois Dept. of Healthcare
and Family Services
Data Linkage and Exchange:
Opportunities for Improved
Services for Children with Special
Health/Developmental Needs
April 16, 2012



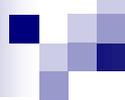
ABCD III Project

- Supported by The Commonwealth Fund
- Administered by the National Academy for State Health Policy (NASHP)
- Funded five states for three years (Nov. 2009 – Oct. 2012)
 - Arkansas, Illinois, Minnesota, Oklahoma, Oregon



Illinois Healthy Beginnings II (IHB2) Collaborators

- Illinois Department of Healthcare and Family Services (HFS)
 - Medicaid agency
- Illinois Department of Human Services (DHS)
 - Early Intervention program (EI) Child and Family Connections (CFC) offices
- Illinois Chapter, American Academy of Pediatrics (ICAAP)

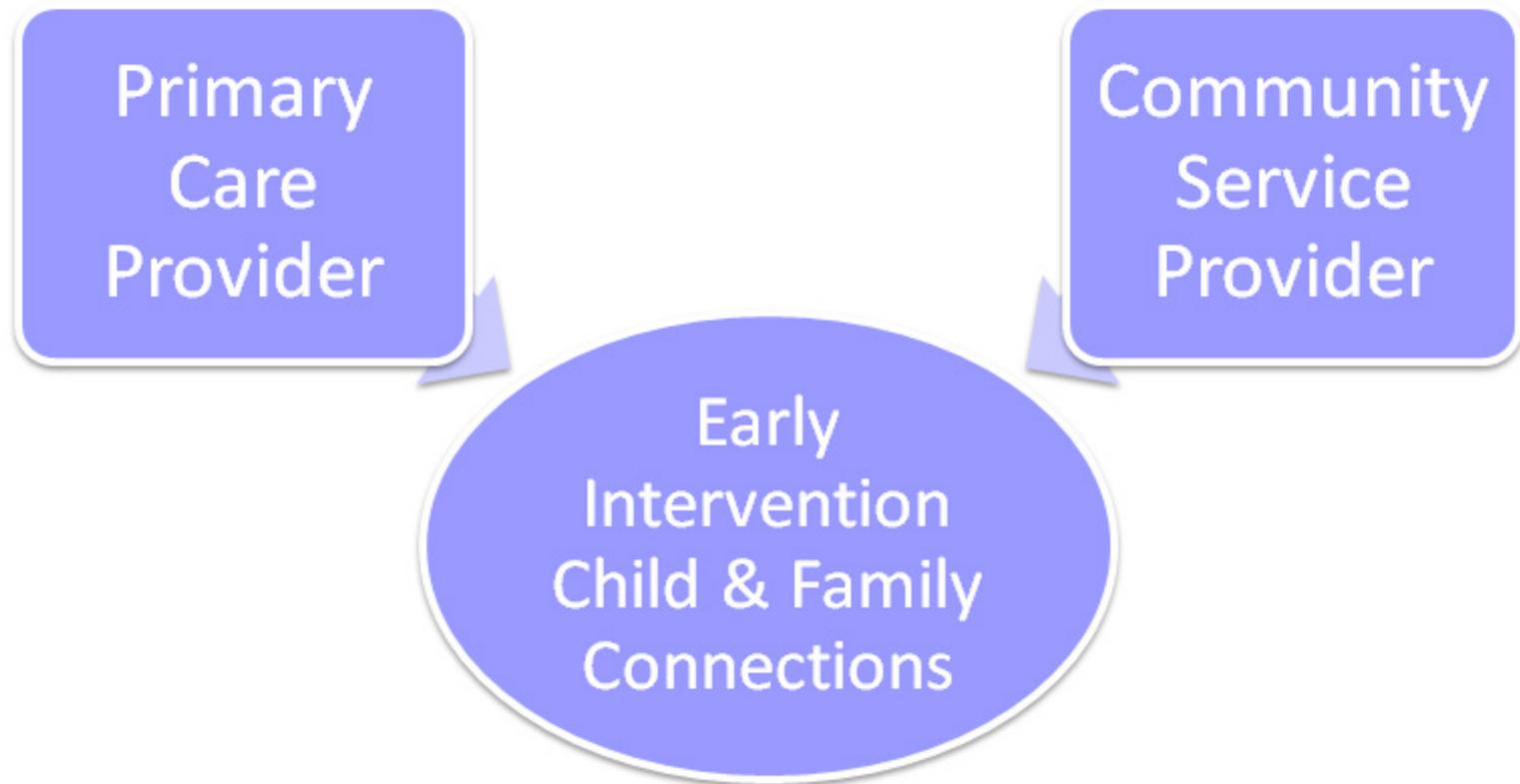


Illinois Healthy Beginnings II (IHB2)

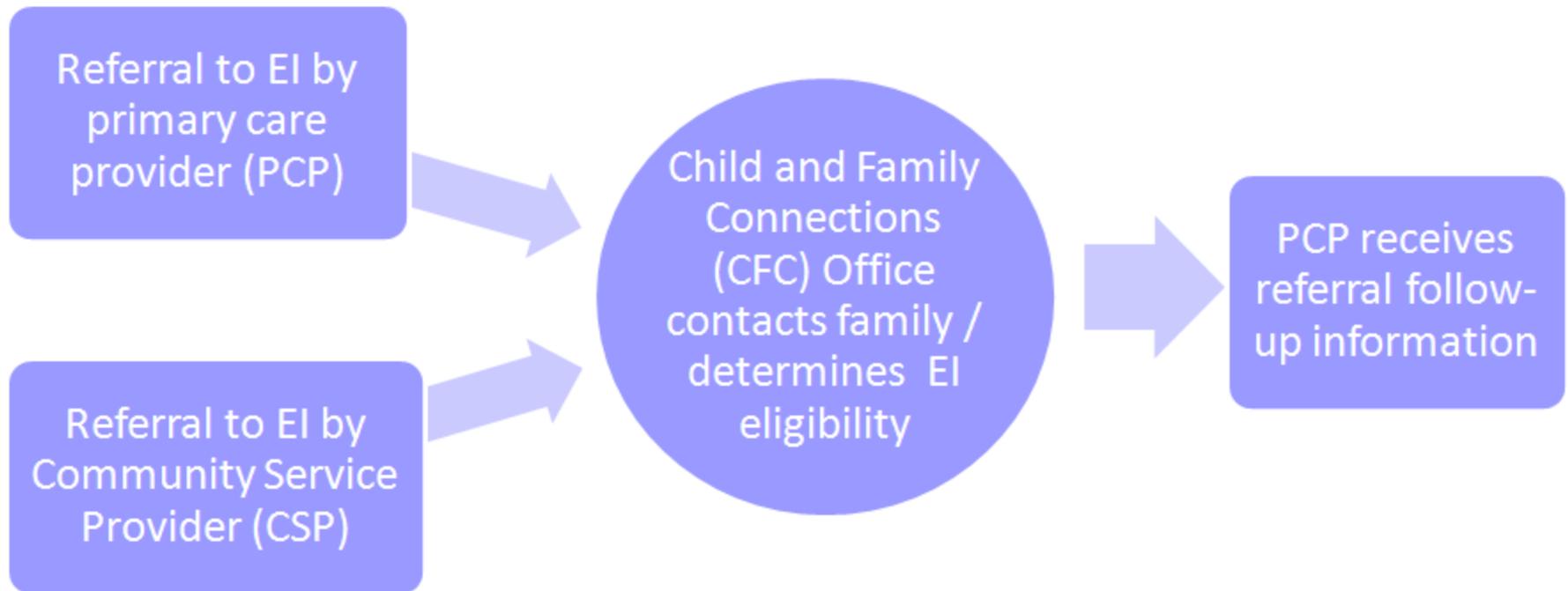
Goals

- Ensure that Illinois children receive coordinated, comprehensive care in which providers collaborate to ensure the best possible outcomes for the child
- Active referrals to EI and support to families throughout the process
- Creation of supports for children and their families who may be at risk for developmental delay but who are not eligible for EI

Illinois Healthy Beginnings II (IHB2) Pilot Site Structure



Illinois Healthy Beginnings II (IHB2) Referral Process



CFC = Child and Family Connections Office of the IL Dept. of Human Services (DHS)

Standardized Illinois Early Intervention Referral Form

Please complete Sections 1 through 6 of this form to refer a child to Early Intervention (EI) for eligibility determination.

Section 1. Child Contact Information

Child Name: _____ AKA _____
 Date of Birth: ___/___/___ Child Age: ___ Gender: M F Race: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Type of Insurance Coverage: Medicaid Private Insurance
 Parent/Guardian Name: _____ Relationship to Child: _____
 Primary Language: _____ Home Phone: ___/___-____ Other Phone: ___/___-____
 Alternate or Emergency Contact Person: _____ Phone: ___/___-____

Section 2. Reason(s) for Referral

Reason(s) for referral to EI (Please check all that apply):

- Identified condition or medical diagnosis (e.g., spina bifida, Down syndrome): _____
- Suspected developmental delay based on objective developmental screening using (please note screening tool used) _____ (Please check area(s) of concern):
 ___ Motor/Physical ___ Cognitive ___ Social/Emotional ___ Speech ___ Language/Communication
 ___ Behavior ___ Vision/Hearing ___ Adaptive/Self-help Skills ___ Other, specify _____

Comments: _____

- At Risk (Please describe risk factors): _____
- Other (Please describe): _____
- Family is aware of reason for referral

Section 3. Referral Source Contact Information

- Check here if Primary Care Provider (PCP) is source of referral and skip Section 3 and complete Section 4

Referral Date: ___/___/___
 Name of Agency Making Referral: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Office Phone: ___/___-____ Office Fax: ___/___-____ E-mail: _____
 Contact Person at Referral Site: _____

Section 4. Primary Care Provider Contact Information

Referral Date: ___/___/___
 Name of Child's Primary Care Provider: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Office Phone: ___/___-____ Office Fax: ___/___-____ E-mail: _____
 Contact Person at Primary Care Provider Office: _____

CFC Office, please send the following items:

- Date the family was contacted and outcome of the contact
- Eligibility for services and a list of services the child is eligible for
- A summary of the Individualized Service Plan (IFSP)
- Other referrals provided by EI to the child/family

Section 5. Early Intervention CFC Office Referral Location

Using the attached list of CFC Offices, insert the CFC number where the child is being referred:

CFC #: _____

Section 6. Authorization to Release Information

1. **Referral to Early Intervention.** The purpose of this disclosure is to refer _____ (print child's name) to the Illinois Early Intervention program. I, _____ (print name of parent or guardian), give my permission for my child's primary health care provider, _____ (print provider's name), to share pertinent information about my child, _____ (print child's name), regarding suspected developmental delay or related medical conditions with the Early Intervention program. I understand that I may withdraw this consent by written request to my child's primary health care provider, except to the extent it has already been acted upon.

2. **Release Early Intervention Eligibility Determination Information to Referral Source.** The purpose of this disclosure is to provide Early Intervention eligibility determination information, i.e., whether my child is eligible to receive Early Intervention services and what services they are, and other referrals provided by Early Intervention for _____ (print child's name) to:

- my child's primary health care provider listed in Section 4 (parent/guardian initial: _____)
- the referral agency listed in Section 3 (parent/guardian initial: _____).

I give my permission for the Early Intervention program to share reports and results related to the previously referenced information with my child's primary health care provider listed above. (parent/guardian initial: _____). I understand that I may withdraw this consent by written request to Early Intervention, except to the extent it already has been acted upon.

I certify that this Authorization to Release Information has been given freely and voluntarily. Information collected hereunder may not be re-disclosed unless the person who consented to this disclosure specifically consents to such re-disclosure and or the re-disclosure is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

Parent/Legal Guardian Signature* _____ Date: ___/___/___

*Consent is effective for a period of 12 months from the date of your signature on this release.

Section 7. For CFC Office Use Only

Date Referral Received: ___/___/___ Name of person receiving referral: _____

Illinois Early Intervention Program
Referral Fax Back Form

PART I

Complete Part I upon contacting the family, or when a family cannot be contacted in a timely manner. Send Part I completed to the primary care provider listed in the Standardized Illinois Early Intervention Referral Form to inform them about the referral outcome.

Date: ___/___/___

Child's Name: _____ DOB: ___/___/___

Parent/Guardian Name: _____

Date Referral Received: ___/___/___

This child was referred to our Child and Family Connections office. The following is the status of that referral:

The family was contacted on (date): ___/___/___

A Service Coordinator has been assigned to the family:

Name: _____

CFC # / Location: ___ / _____

Phone Number: ___ - ___ - _____ Fax Number: ___ - ___ - _____

E-Mail: _____

Repeated attempts have been made to contact this family - we were unable to establish contact.

Date final contact attempt made: ___/___/___

Please let us know if the family is still interested in having an evaluation for their child.

The family has been contacted and requests that you contact them directly for results.

Date request made by family: ___/___/___

The family has declined services at this time.

Date service declined: ___/___/___

Additional comments:

PART II

To be completed after eligibility is determined and the Individualized Family Service Plan (IFSP) is completed to inform the primary care provider about Early Intervention eligibility, other referrals provided, and Early Intervention services recommended, if eligible.

NOTE: Information can be released to the provider identified in Section 6, Authorization to Release Information, in the Standardized Illinois Early Intervention Referral Form. The parent(s) or legal guardian must sign a separate consent form in order to send the information shown below to an entity other than the referral source listed in Section 6 of the Standardized Illinois Early Intervention Referral Form.

Date: ___/___/___

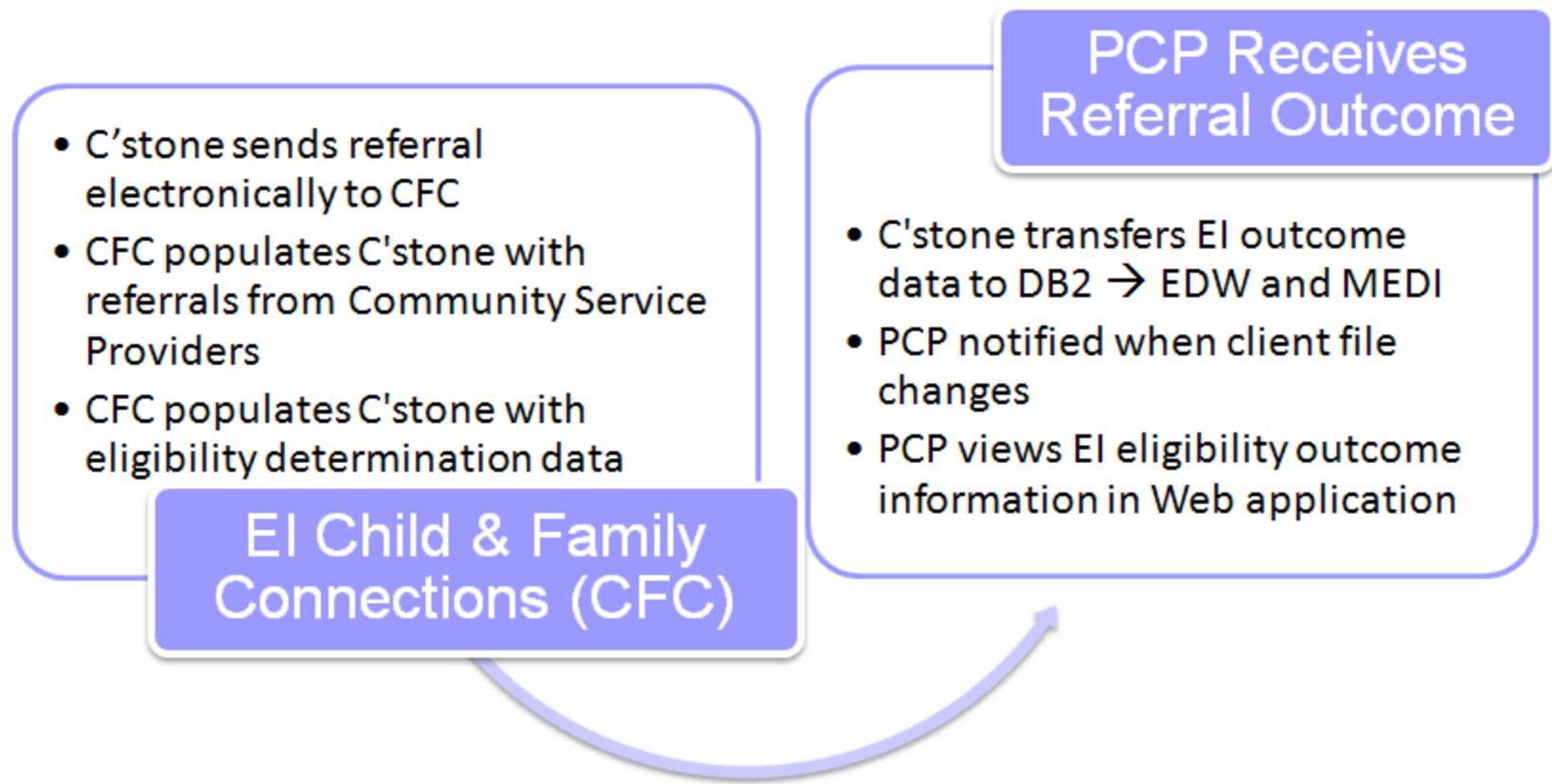
Child's Name: _____ DOB: ___/___/___

1. The family has been contacted and the following has occurred:
 - The child has been evaluated and found to be **not eligible** for services at this time (Skip to #4).
 - The child has been evaluated and found to be **eligible** for services based on the following:
 - 30% or greater developmental delay
 - Qualifying Diagnosis of: _____
 - Other: _____
2. The child and family have been recommended to receive the following Early Intervention services:
 - Developmental Therapy
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Social Work/Counseling
 - Other: _____
 - Notes: _____
3. An IFSP was/will be developed for the child and family. The IFSP Summary Report will be released to the provider identified in Section 6, Authorization to Release Information, in the Standardized Illinois Early Intervention Referral Form (a full copy of the plan may be obtained through the contact listed in Part I).
4. The child and family received referrals to the following non-EI services: _____

5. The evaluation/assessment and service planning process have not been completed because:

Additional comments:

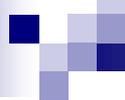
Electronic Data Exchange: Closing the Communication Loop





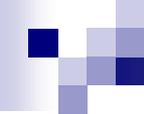
Early Lessons Learned

- Pre-populate fields
- Build with expansion in mind



Operational Challenges

- Confidentiality and consents:
 - Family Educational Rights and Privacy Act (FERPA) 34 CFR Part 99
 - Individuals with Disabilities Education Act (IDEA), Part C Regulations; 34 CFR Parts 300 and 303
- Competing priorities



Coordination with Other Initiatives

- CHIPRA Child Health Quality Demonstration Grant
- Maintenance of Certification Part 4 (MOC4)
- Rapidly developing HIE opportunities / challenges

Questions?

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“Connecting the Docs” Oklahoma’s ABCD III Project

Oklahoma Health Care Authority

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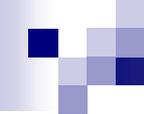
University of Oklahoma Health Sciences Center

Elaine Stageberg, MHA, *Practice Facilitator*

Zsolt Nagykalai, PhD, *Associate Professor of Research*



OKLAHOMA FACTS AND BACKGROUND INFORMATION



Introduction to Oklahoma

- 3.8 million people (2010 U.S. Census)
- Predominantly rural state
- 77 counties
- Main population centers
 - Oklahoma City metro (1.3 million)
 - Tulsa (600,000)

SoonerCare (SC) Enrollment

- “SoonerCare” is Oklahoma’s Medicaid/SCHIP
- SC enrollment at some point in SFY 2011:
 - 25% (968,296) of all Oklahomans
 - 59% of Oklahoma's children <18
 - 73.8% of Oklahoma's children <5
- SC covered ~64% of the births in Oklahoma

SC Enrollment (continued)

February 2012 Enrollment Data

- Total SC enrollees: 760,472
- 63% of SC enrollees are children 0-18
- 25% of SC enrollees are children 0-5
 - 191,424 ← target population for ABCD

SoonerCare Choice (SCC): Oklahoma's Patient-Centered Medical Home (PCMH)

- Statewide transition in January 2009
- Each member is linked to a PCP who serves as his or her “medical home”
- PCPs are paid “fee-for-service” with a per-person ,per-month “case management fee”
 - Tiered levels of medical home
- 81% (390,129) of all SC children are enrolled in a medical home

SCC PCMH: PCP Tier Summary

February 2012

Tier 1 = 512

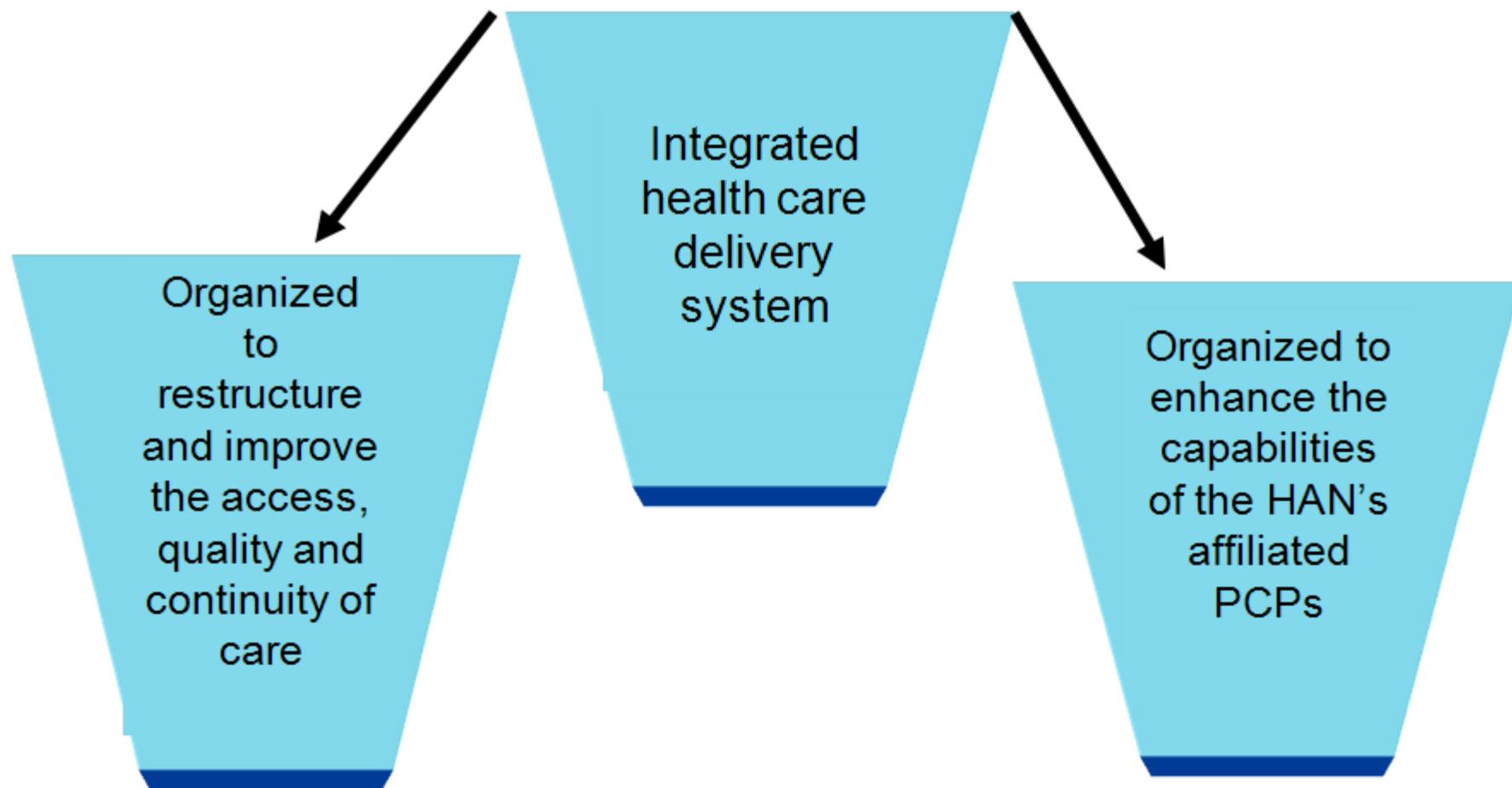
Tier 2 = 215

Tier 3 = 69

Total = 796

Tier count is determined by provider location

Health Access Networks (HAN)



HAN Components

Electronic Health Records

Access to Specialty Care

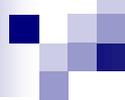
Telemedicine

Quality Improvement

Care coordination
for complex health needs

OU Sooner HAN: February 2012

- 265 PCPs/Medical Homes at 18 sites serving 37,724 members
- All sites have EHR and telemedicine capabilities
- 326 members under care management



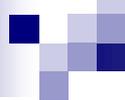
Partnership for a Healthy Canadian County HAN: February 2012

- Nine PCPs/Medical Homes at 4 sites serving 2,877 members
- 10 members under care management



OSU HAN: February 2012

- 127 PCPs/Medical Homes at seven sites serving 14,269 members
- 103 members under care management

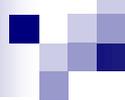


HAN Summary: February 2012

- 401 PCPs/Medical Homes at 29 sites serving 54,870 members
- 439 members under care management

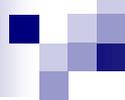


ABCD III GRANT ACTIVITIES 2009-2012



Background – The Problem

- Our experience shows that many PCPs have not incorporated the use of formal developmental screening and referral to Early Intervention (EI)
- EI has not systematically provided referral feedback to PCPs

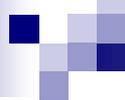


Background – Our Solution

- How do we build a program that
 - Respects individual community needs/preferences?
 - Balances the needs of the five core state agency partners, PCPs, and families?
 - Allows eventual statewide spread and a mechanism for sustainability?

OK's Building Blocks

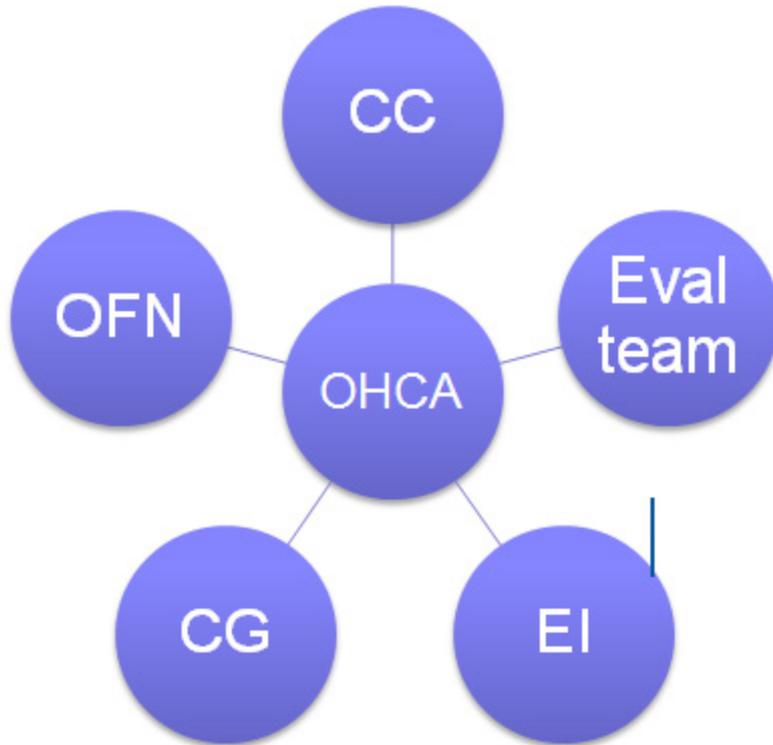
- State infrastructure of early childhood services and collaboration, including efforts to increase developmental screening by PCPs
- Web portal (Patient Services Reminder System), developed by the University of Oklahoma Health Sciences Center (OUHSC) Dept. of Family and Preventive Medicine (DFPM)
- Practice Facilitator/Practice Enhancement Assistant (PEA)
- ABCD III operates within the OHCA Medical Home initiative



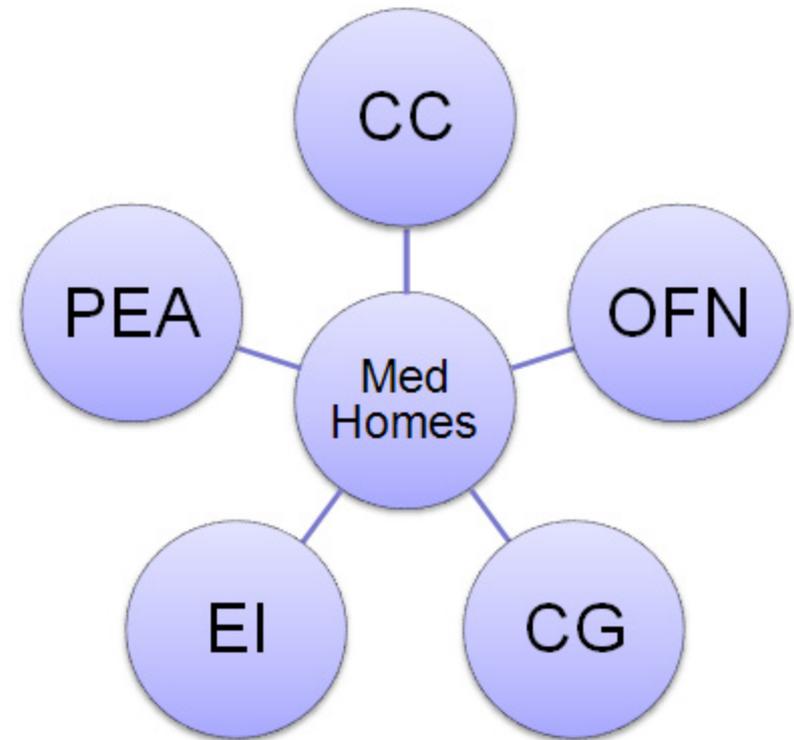
Methods/Strategies

- State core team
- County teams (four pilots)
- Practice facilitation
- Clinic/PCP recruitment
- Creation and deployment of “Web portal”
- Evaluation team
- Spread and sustainability planning

STATE TEAM



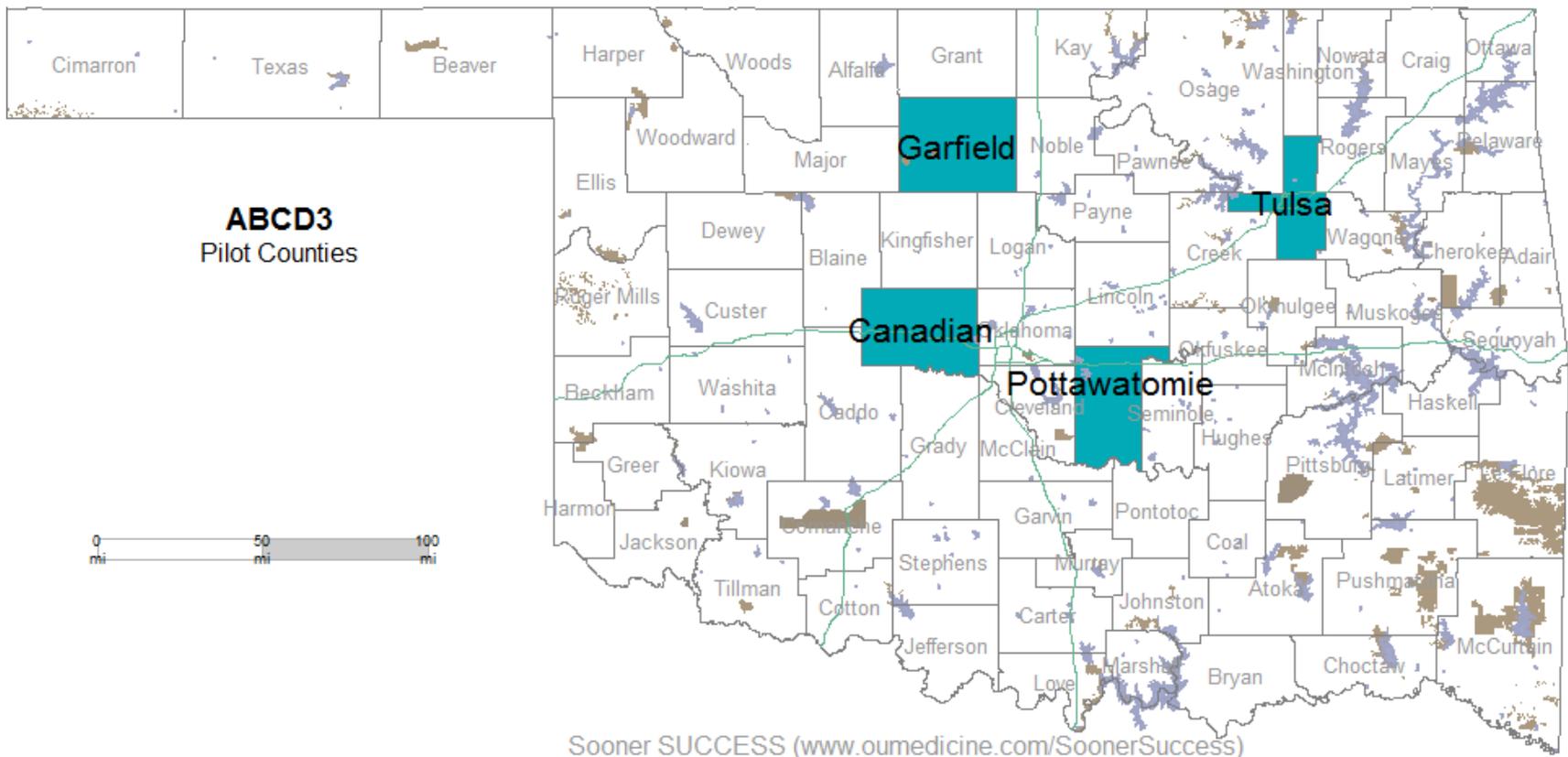
LOCAL TEAMS (x4)

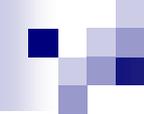


OHCA-SoonerCare, **EI**-SoonerStart Early Intervention, **CG**-Child Guidance, **CC**-Sooner SUCCESS Care Coordination, **OFN**-OK Family Network, **PEA**-Practice Enhancement Assistant

County Team Composition

- Four pilots; practice facilitators helped to organize





Role of Practice Facilitators

- Role of PFs
 - Build relationships
 - Facilitate practice change/quality improvement
 - Develop and share resources
 - Provide ongoing support and technical assistance for implementation and sustainability

PCP Recruitment

County	No. of Sooner Care Choice PCPs	No. of Participating PCPs	No. of Children on PCP Roster (ages 0-5)
Canadian	50	7	773
Garfield	17	7	1,843
Pottawatomie	37	9	1,189
Tulsa	519	26 (+40 residents)	5,714
Total	623	49 (+40)	9,519

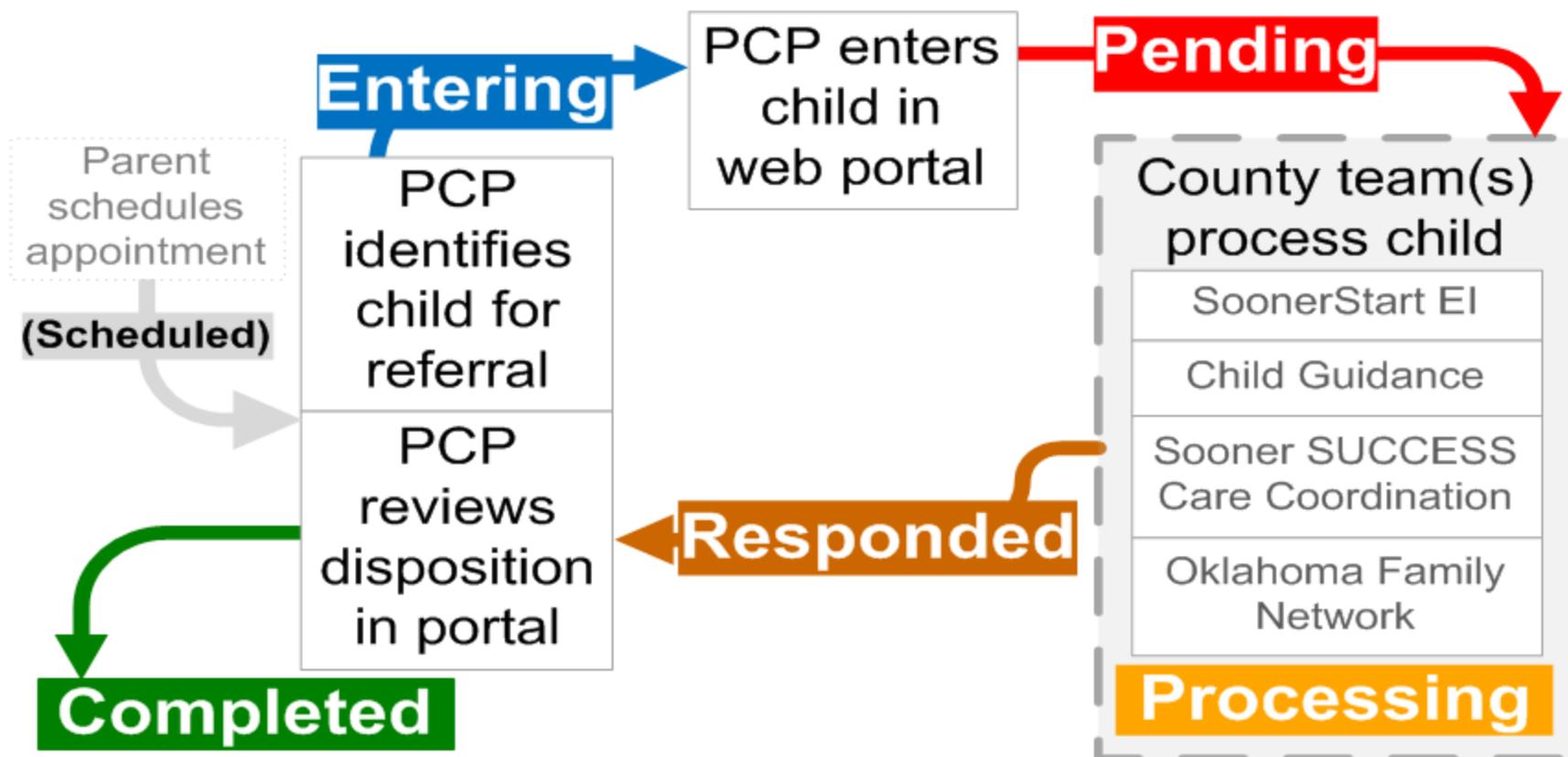
Referral Communication System

- What is a “Web portal”?
 - A web-based interface to a more extensive data and communication system
- Existing Web portal at OUHSC
 - In development for ~10 years
 - Built child referral module into existing structure
- Security of the portal
 - Robust physical, hardware, software, and personal security measures

Ready to Go! (Fall 2010)

- Planning year had completed
- State Team developed
- County Teams developed
- Developed ABCD module within web portal
- PFs hired and trained
- Clinics recruited

Web Portal Communication Flowchart



Web Portal Referral



Request for Early Childhood Services

(For primary care office use)

This request form is to be used to refer an infant or toddler (birth to 60 months) for early childhood services. Programs participating in this process: SoonerStart Early Intervention Services and Child Guidance Services.

Parent/Child Contact Information

Child's Last Name: MI: First Name: Parent/Guardian:

Date of Birth: Gestational Age: (weeks) Gender: Male Female

Home Phone: () - Cell Phone: () -

Home Address: City: State: ZIP: (5-digits)

Language Spoken At Home: Medicaid # or Insurance Provider:

HIPAA Consent FERPA Consent

Reason(s) for Request

(Please check all of the following that apply)

Web Portal Referral Feedback



Review Response to Referral

Results from Contact Attempt

Child's Last Name: [Redacted] MI: NMI First Name: [Redacted] Date of Birth: [Redacted]

[Redacted] [Redacted] [Redacted]

HIPAA Consent On File FERPA Consent On File [View Orig. Referral](#)

At this time, the following information is true and correct in regard to the referral made for the above named child:

- Unable to locate and/or contact this family with the information provided; please check and resubmit the referral.
- Family declined to release confidential information.
- Family successfully contacted; parent declined services.
- Family successfully contacted; results will follow in another document.
- Family successfully contacted; results of encounter:

Other outcomes (please note in less than 10 lines):

Mother wanted me to send information about Sooner Success for possible services after clinical evaluation by Sooner Start.

Results from Screening/Evaluation

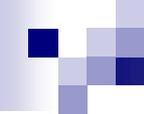
Web Portal Management

◆ Ref. ID:	◆ Status:	◆ Patient Name:	◆ Patient DOB:	◆ Referring Organization:	▲ Ref. County:	▼ Action Date:
234	Processing			Integris Canadian Valley Regional Hospital	Canadian	12/13/2011 (7 days)
231	Completed			Integris Canadian Valley Regional Hospital	Canadian	12/9/2011 (11 days)
230	Processing			Hanes Pediatrics	Canadian	12/6/2011 (14 days)
229	Processing			Hanes Pediatrics	Canadian	12/6/2011 (14 days)
225	Processing			Hanes Pediatrics	Canadian	11/30/2011 (20 days)
218	Processing			Flores Pediatrics	Canadian	11/21/2011 (29 days)
213	Completed			Hanes Pediatrics	Canadian	11/16/2011 (34 days)

Private Health Information obscured to protect privacy



DATA LINKAGE AND EVALUATION DISCUSSION



IT Is a Key to Success

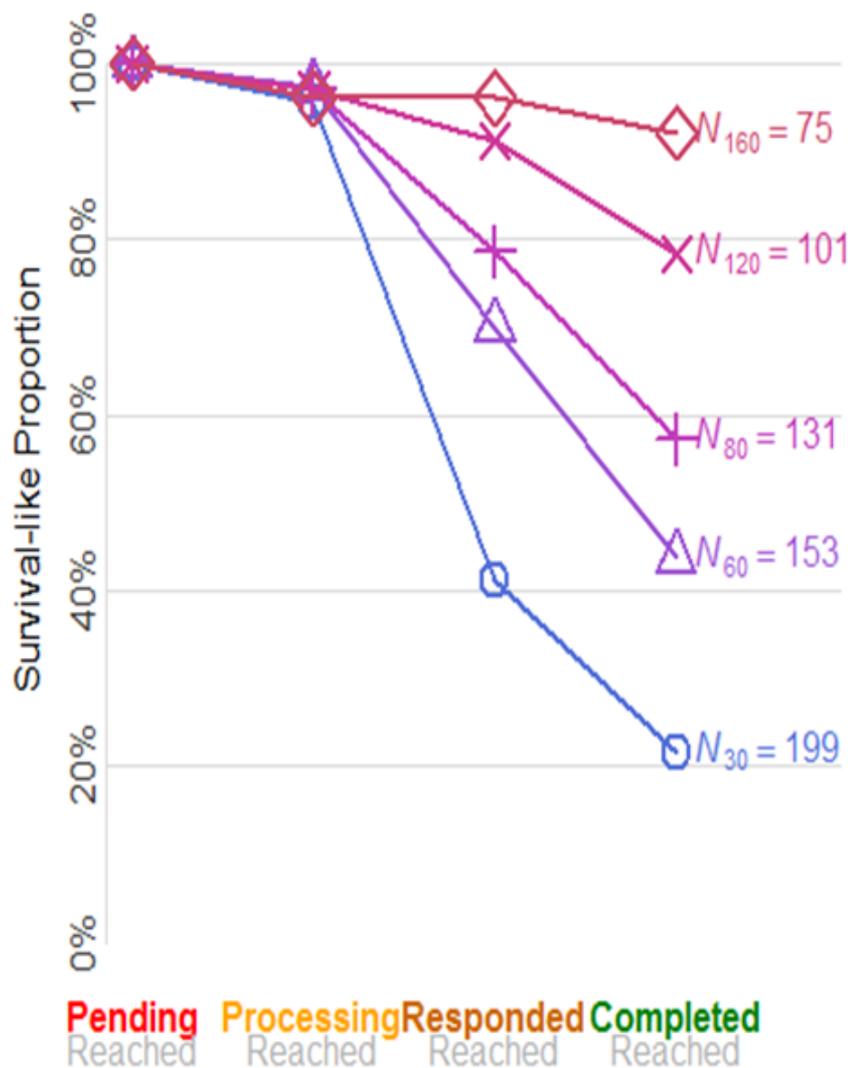
- IT has shaped
 - How collaborative partners communicate
 - How evaluation is conducted
 - How the project adapts to needs of stakeholders



Evaluation

- Communication Success
 - Was referral loop closed?
 - Common measure
- Duration Success
 - How long did the process take?
- Clinical Success
 - Did the child get needed services?

Evaluation: Communication Success

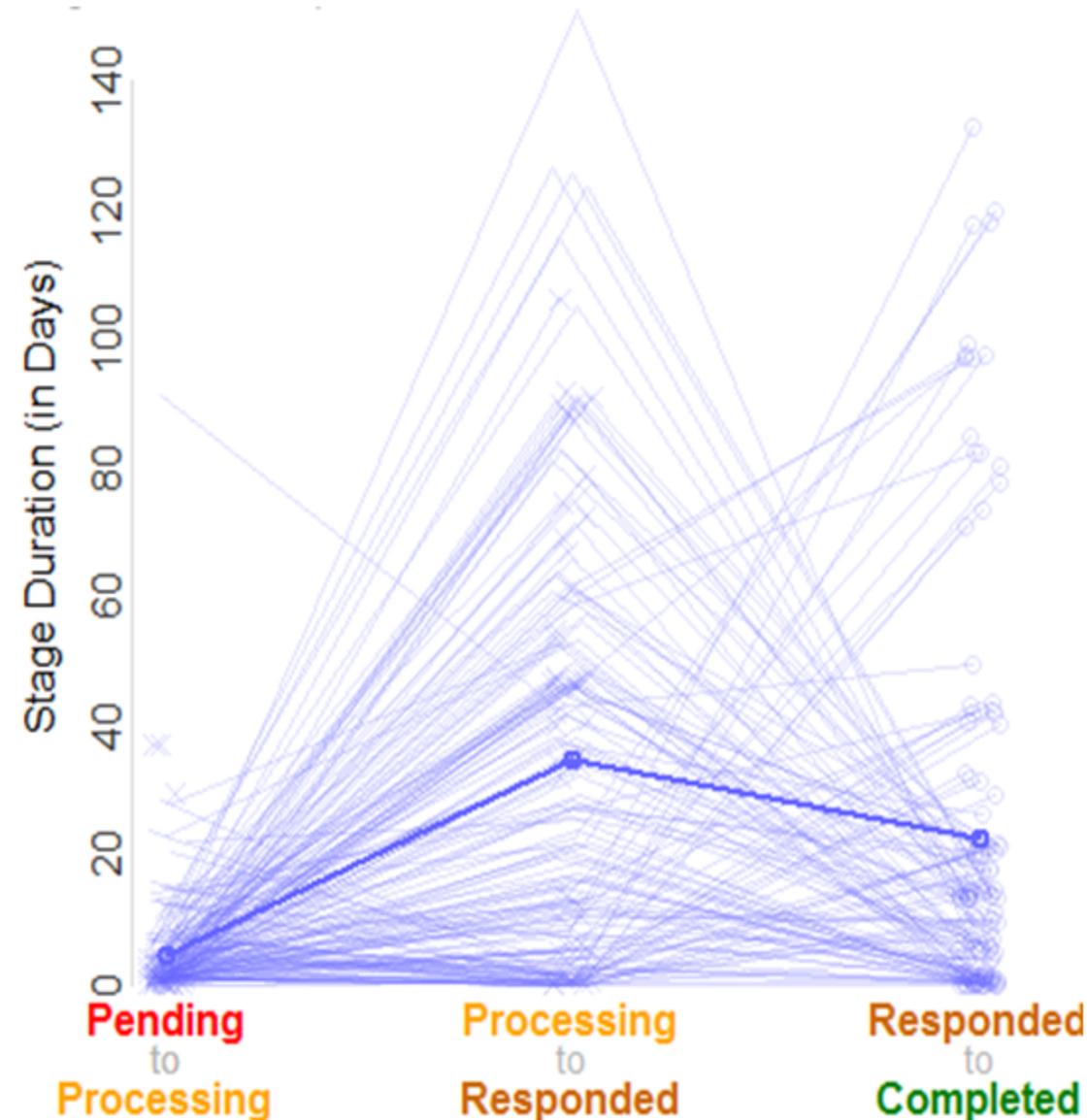


of children < 34 mo whose PCP knows of services being received (within 80 days)

of children < 34 mo whose PCP referred for services (within 80 days)

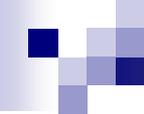
*Note: This particular analysis shows all ages.

Evaluation: Duration Success



How many days to complete the process?

In addition to overall duration, we can examine duration between stages.



Evaluation: Clinical Success

- Three measures:
 - Are there more PCP referrals to EI?
 - Of those referrals, how many result in clinically relevant outcomes?
 - Of those referrals, are children more likely to be found eligible for EI services (vs. non-PCP referrals)?

Web Portal Adaptations

- Changed web portal iteratively to improve tracking of “waypoints” in the loop
 1. Secure Messaging (March 2011)
 2. Processing button (April 2011)
 3. PCP Review Done button (May 2011)
 4. Commercial security certificate (May 2011)
 5. Status at a Glance (June 2011)
 6. ASQ Text Score Box (November 2011)

Web Portal Adaptations (continued)

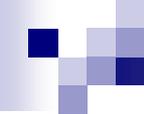
7. Blockage of “Send to PCP” until file is in Processing Stage (December 2011)
8. Referral Duration (December 2011)
9. NPI and PCP/CM Information (January 2012)
10. Archival of records >120 days old (March 2012)



LOOKING TO THE FUTURE

Spread and Sustainability

- Immediate:
 - Spread within pilot and neighboring counties
 - Leverage Sooner SUCCESS presence
 - Seek funding for PF and portal maintenance
- Long Term:
 - “Permanent home” for web portal
 - Connection to other IT projects
 - Other populations/uses
 - Informing policy and procedure changes



Connecting to Other Projects

- Health IT infrastructure
- Medicaid Patient-Centered Medical Homes
 - Tiers requirement (2012)
 - Behavioral Health Screening



Connecting to Other Projects

- Medicaid Health Access Networks (HANs)
- Enhancements to training and procedures within our partner agencies (on-going)
 - Example Individualized Family Services Plan (IFSP) Summary Form created by SoonerStart



Lessons Learned

- Buy-in from stakeholders from all levels:
 - Clinic: provider, nurse, referral coordinator, IT, administration
 - County: five partners, coalitions, schools, Head Start programs, Smart Start OK, parents/families

Lessons Learned (continued)

- Support: Provide robust training
 - Web portal training via webinar, toolkit, online resources
 - Role identification support for county teams
 - In-office support for PCPs
- Plan: Allow for organic growth to new counties
- Carrot: Easier process, enhanced quality, clinically relevant communication between PCPs and county teams

We owe many thanks to
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THANK YOU!
ANY QUESTIONS?

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Thank You!