



Welcome to the AHRQ Medicaid and CHIP TA Webinar—

***Positioning Medicaid and CHIP for the Future:
Health IT Regulations, Initiatives and Opportunities***

Wednesday, April 29, 2009 3:00 – 4:30 p.m. Eastern

Presented by:

Anthony Rodgers - Director, Arizona Health Care Cost Containment System

Patricia MacTaggart - Lead Research Scientist, GW Health Policy Department

Moderated by:

Erin Grace - MHA, Senior Manager, Health IT, Agency for Healthcare Research and Quality (AHRQ)/National Resource Center (NRC)

*Please note all participants were placed on mute as they joined the session.
We will begin shortly.*

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Research and Quality

Overview

- **Welcome** – Erin Grace – MHA, Senior Manager, Health IT, AHRQ/NRC
- **Before We Begin** – Erin Grace
- **Introduction** – Erin Grace
- **Presentations**
 - *American Recovery and Reinvestment Act (ARRA) and Medicaid/Children's Health Insurance Program (CHIP) Health Information Technology (IT)*
 - Presented by Anthony Rodgers – Director, Arizona Health Care Cost Containment System
 - *ARRA and Medicaid/CHIP Health IT*
 - Presented by Patricia MacTaggart – Lead Research Scientist, GW Health Policy Department
- **Questions and Answers** – Erin Grace
- **Closing Remarks** – Erin Grace

Before we begin...

- Please note that all participants were placed on muted 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.
- Please e-mail Stephanie Rizk at srizk@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>.

■ Listserv Registration

- Please register for the listserv to receive announcements about program updates and upcoming TA Webinars.
- To register go to <http://healthit.ahrq.gov/Medicaid-SCHIP>
- Click on “Medicaid-SCHIP Fast Facts” on the left-hand side of the screen.
- There are two ways to register for the listserv:
 - 1. Click the link “[Click here to subscribe to the listserv,](#)” which will open a prefilled e-mail message, enter your name after the text in the body of the message and send.
 - 2. Send an e-mail message to listserv@list.ahrq.gov.
On the subject line, type **Subscribe**.
In the body of the message, type **sub Medicaid-SCHIP-HIT** and **your full name**. For example, sub Medicaid-SCHIP-HIT John Doe.
You will receive a message asking you to confirm your intent to sign up.



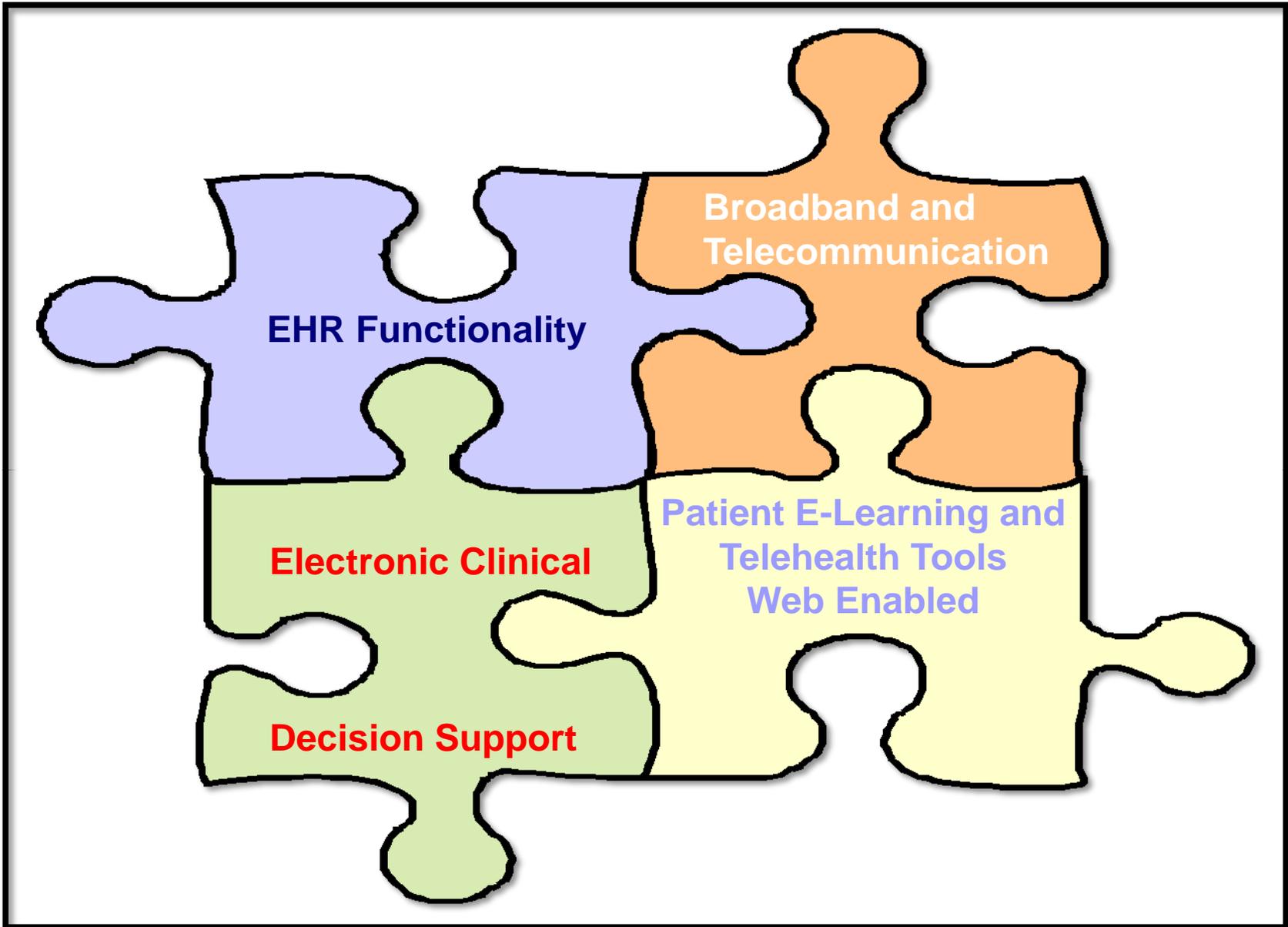
American Recovery and Reinvestment Act Medicaid/CHIP Health Information Technology

Presented by:

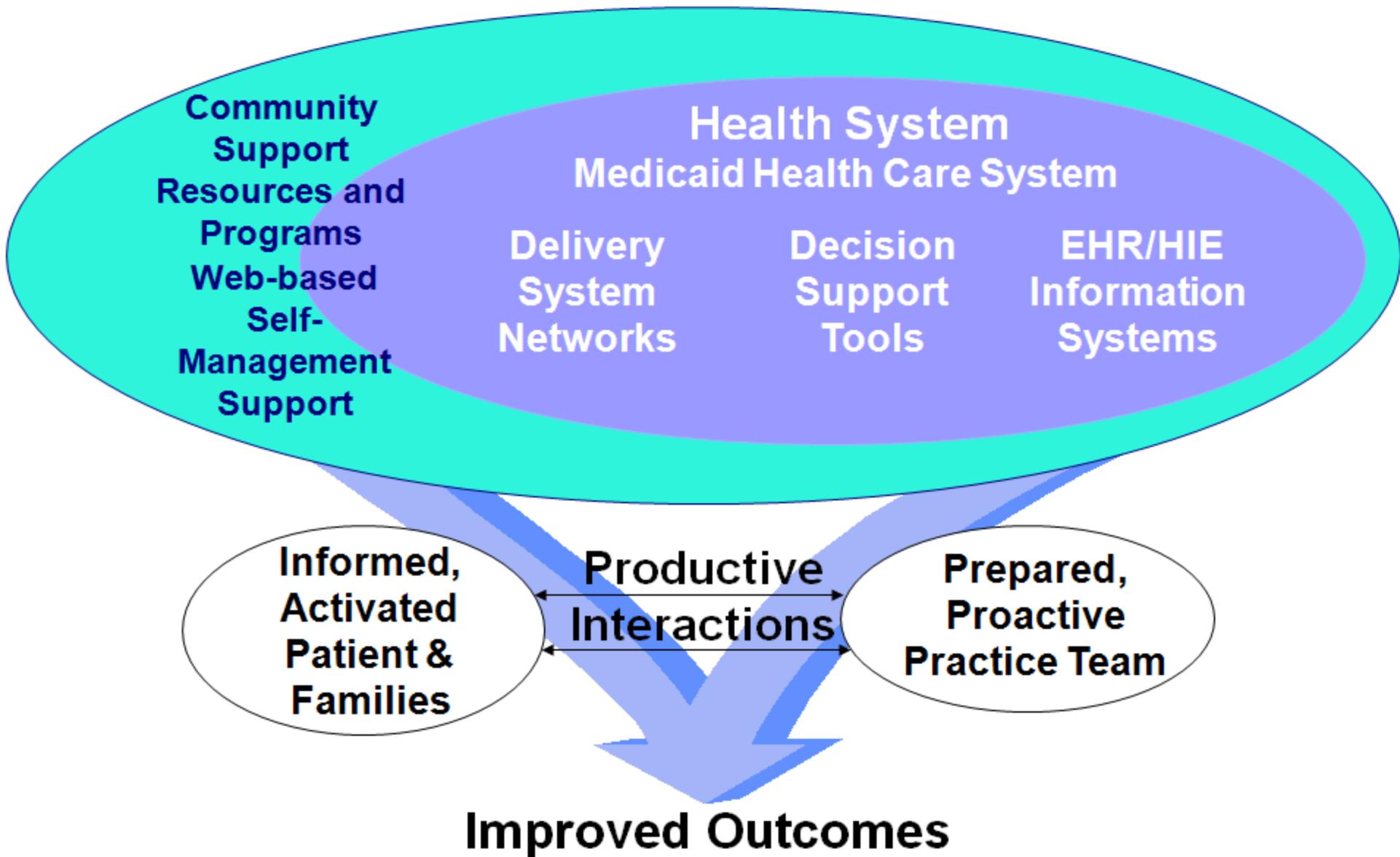
Anthony Rodgers - Director, Arizona Health Care
Cost Containment System

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Pieces to the Puzzle for a Health IT Adoption



Chronic Care Model



Federal Health IT Funding Opportunities

- Grants for health information exchange (HIE)
- Grants for electronic health records (EHR) and decision support
- Hospital and provider EHR adoption incentive programs
- Grants for technical support and training
- Grants for broadband, telemedicine, and remote patient monitoring
- Grants for comparative research
- Loan programs for health IT

ARRA: Medicaid Health IT Funding Opportunities

- 90/10 grant funding for HIE/EHR administrative support
- Competitive grants funds for Medicaid health IT
- MITA 75/25 funding
- Loan programs for EHRs
- Medicaid hospital and provider incentives
- Grants for graduate medical education EHRs

HITECH ACT: Other Federal Funding

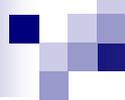
- EHR grants for community health centers and Indian Health Services (IHS)
- Funding for public health systems
- Funding for interfacing certified EHR with HIE
- Clinical informatics education programs
- Funding for clinical decision support application development
- Funding for clinical repository databases and registries

Readiness Check List

- √ Has an environmental scan and gap analysis been completed?
- √ Is there a comprehensive state-level roadmap or strategic plan with specific measurable goals and project accountabilities?
- √ Are public and private health care leaders engaged?
- √ Do you have key stakeholder involvement?
- √ Have your governor and legislature demonstrated the political will to support adoption of health IT?
- √ Has the governor identified the state's accountable authority for health IT coordination?
- √ Has the role of the Medicaid agency in driving health IT adoption been clarified and accepted?
- √ Is the planning process addressing the long-term view in the state's health IT planning and development?
- √ Will you have adequate public and private capital for health information system infrastructure development and operating funds?
- √ Have the technical and support resources for provider EHR adoption been identified?

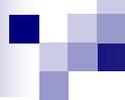
Environmental Health IT Analysis and Gap Assessment

- Analysis of capacity and gaps to statewide exchange health information.
- Analysis of current level of EHR adoption and meaningful use.
- Segmentation of adoption by providers types and hospitals and non-hospital providers.
- Analysis of provider attitudes and challenges in adopting EHR and interfacing with HIE.
- Analysis of the integration of public health and behavioral health programs.
- Analysis of technical support and assistance requirements to support EHR adoption.
- Assessment of standards compliance of HIE and EHRs.
- Assessment of resource requirements and financing of EHR adoption.
- Assessment of legislative authority policy and regulatory requirements.



Building a Strategic Plan

- What are the strengths, weaknesses, opportunities, and threats for your state related to health IT?
- Set specific measurable health IT goals.
- Describe the “as is” state of health IT.
- Describe your readiness for health IT.
- What is the scope of your Medicaid/CHIP health IT effort?



Building a Strategic Plan (continued)

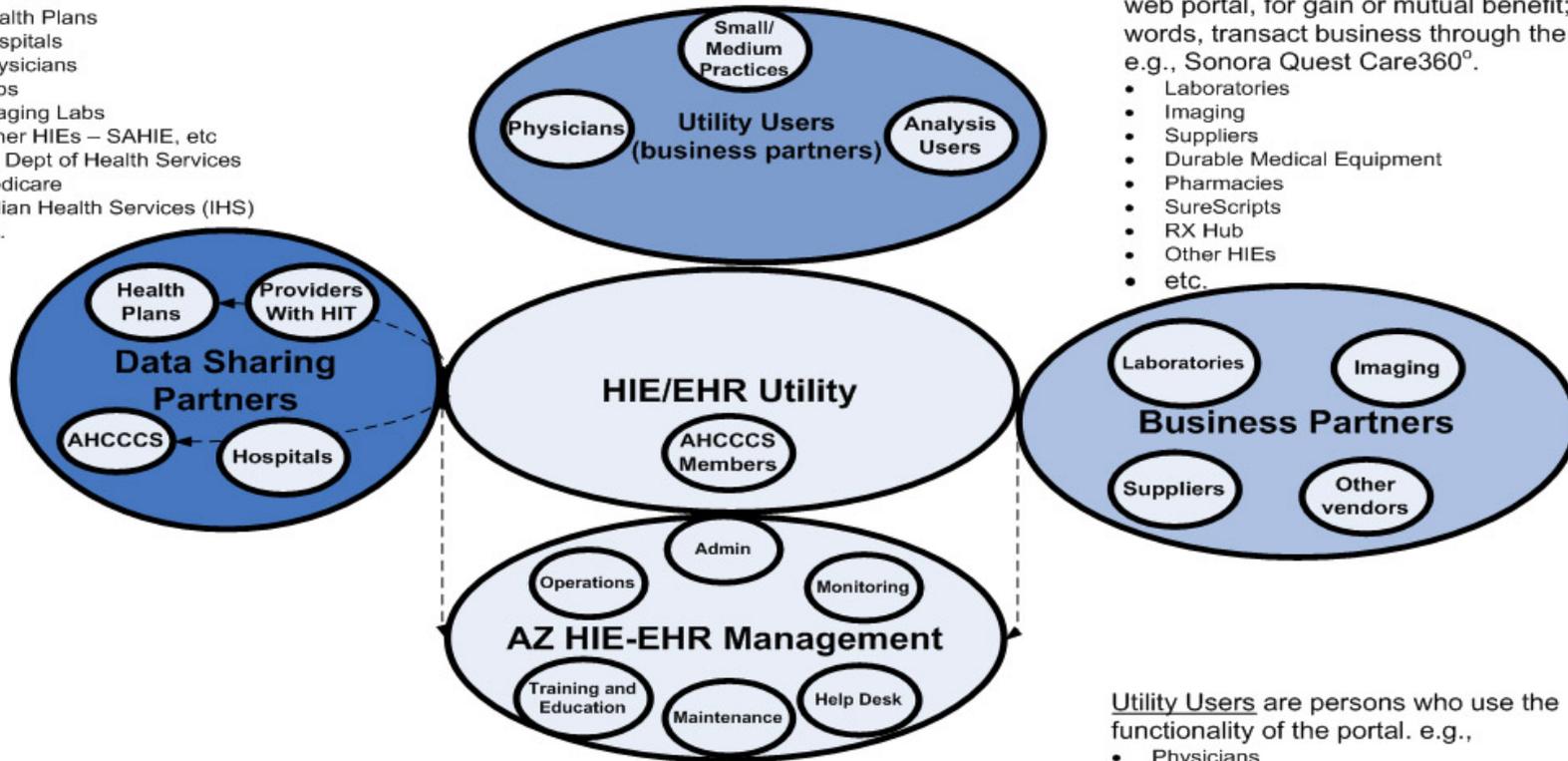
- Describe the key milestones for your strategic plan.
- Describe resources that are in place to be leveraged.
- Describe public and private capital requirements to achieve strategic goals.
- Describe strategic actions, steps, accountabilities, and timelines.

Data Partners Relationships

Data Partners are organizations that share or exchange data through the HIE-EHR Utility

e.g.,

- Health Plans
- Hospitals
- Physicians
- Labs
- Imaging Labs
- Other HIEs – SAHIE, etc
- AZ Dept of Health Services
- Medicare
- Indian Health Services (IHS)
- etc.



Business Partners are organizations that expose web content and applications through the Utility web portal, for gain or mutual benefit; in other words, transact business through the Utility. e.g., Sonora Quest Care360^o.

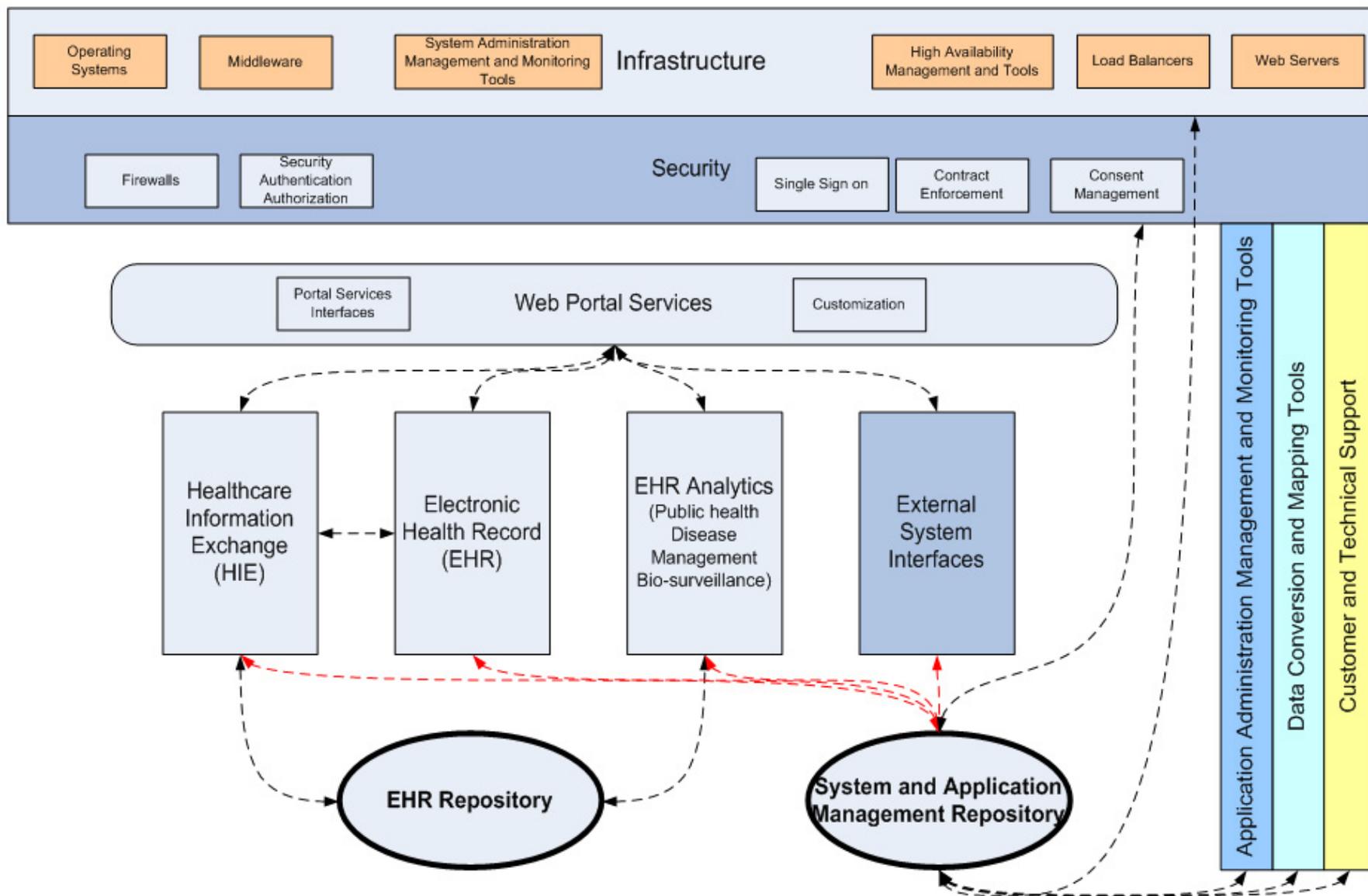
- Laboratories
- Imaging
- Suppliers
- Durable Medical Equipment
- Pharmacies
- SureScripts
- RX Hub
- Other HIEs
- etc.

Utility Users are persons who use the functionality of the portal. e.g.,

- Physicians
- Small/medium Practices
- Analysis users (TBD)
- Emergency Depts
- Dept of Public Safety
- AZ Department of Health Services
- etc.

Administrative and management users use the portal to access administrative and management applications supported by the portal.

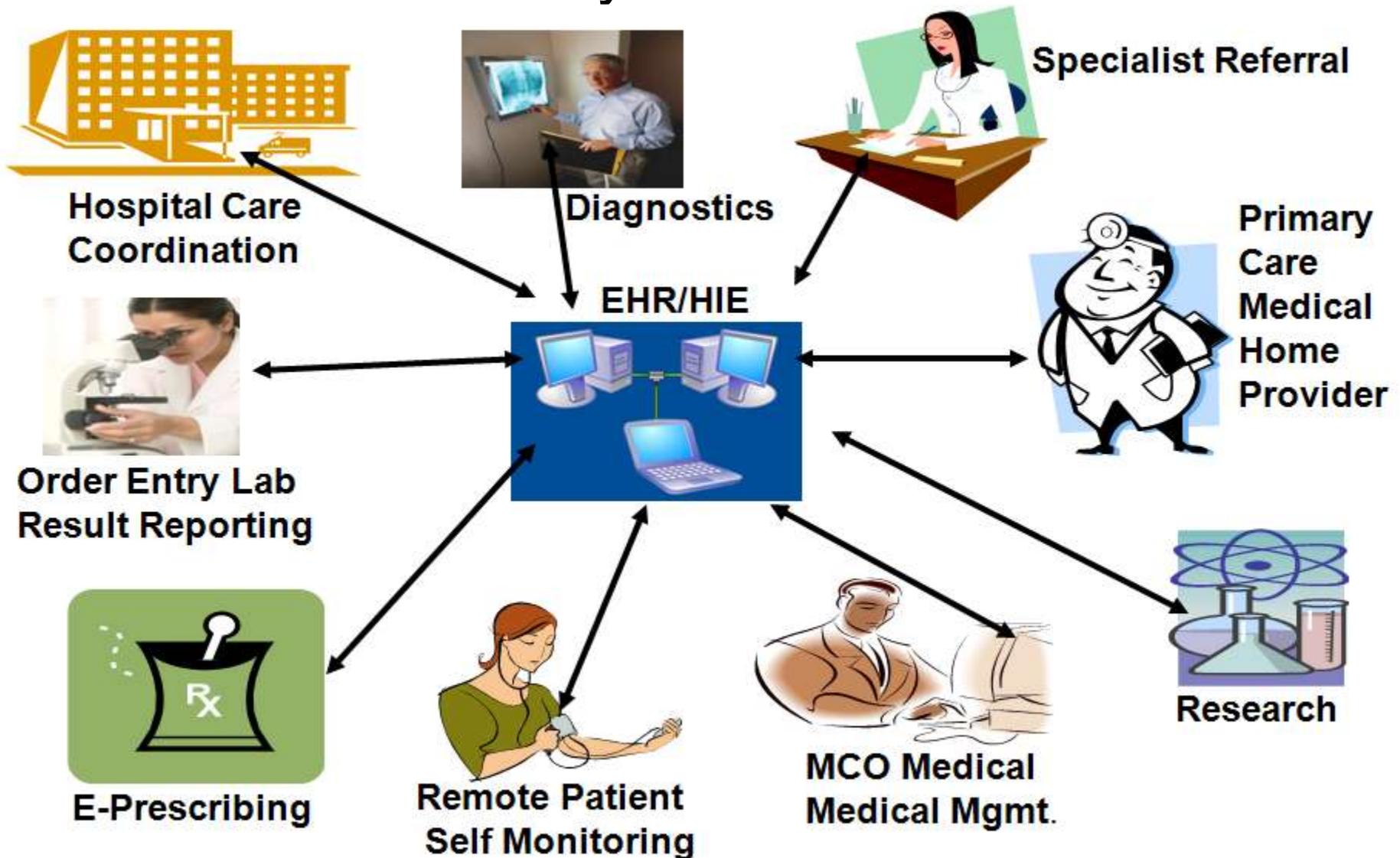
Medicaid E-Health Infrastructure Configuration



EHR Functional Specifications Summary

- **E-prescribing** (med list, allergies, interactions, formularies, refills)
- **Clinical documentation** (medical history; problem list; subjective, objective, assessment, and plan [SOAP] notes)
- **E-referrals** (Continuity of Care Record [CCR] export, attachments, tracking)
- **Bi-directional core interfaces** (lab, radiology, hospital, other key service providers and practice management systems, and HIE)
- **Clinical decision support** (early screening, diagnosis, and treatment [EPSDT], chronic illness)
- **Eligibility verification** (Medicaid and others)
- **Practice management modules** (scheduling and charge entry, financial and administrative modules)
- **Patient portal** (secure messaging, scheduling, education, personal health records [PHRs])
- **Standard reports and delivery** (Medical Home, EPSDT, health effectiveness data and information set [HEDIS] and ad-hoc reporting tools)
- **Case management, mental, behavioral health, LTC**

The Vision E-Health Connected Medicaid Health System





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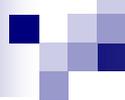
The Department of Health Policy

ARRA and Medicaid/CHIP Health IT

Presented by:

Patricia MacTaggart, Lead Research Scientist,
GW Health Policy Department

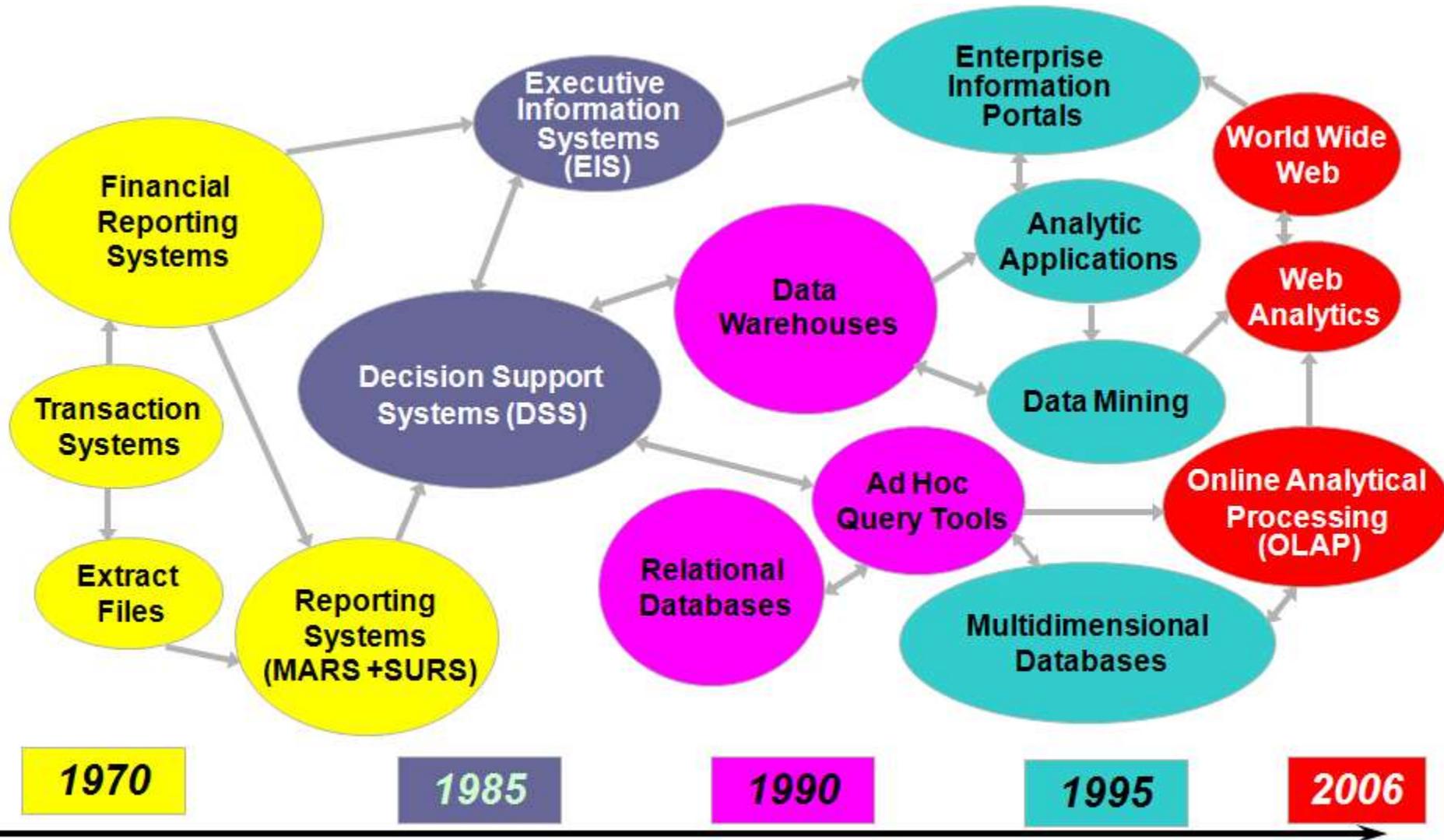
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Acronyms Abound

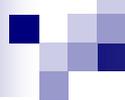
- Health IT (health information technology)
- EHR (electronic health record)
- EMR (electronic medical record)
- CPOE (computerized physician order entry)
- e-prescribing
- e-XXXX

How Far Has the IT Come?



Health Care Reform Link to Health IT for Consumers

- **Access to insurance coverage:** eligibility systems
- **Benefits appropriate to health care need provided once covered for insurance:** clinical decision support
- **Capable providers who will provide the benefits:** claims processing
- **Deference to the culture and language:** web-based literacy
- **Elimination of medical errors**
- **Factual circumstances:** high percentage of homeless have cell phones
- **Guaranteed view of data:** personal/individual health records



Health Care Reform Link to Health IT for Providers

- **Adequate reimbursement:** funding for health IT infrastructure
- **Benefits to serving populations outweigh negatives:** tools
- **Cultural competency:** awareness and tools
- **Deference to clinical judgment:** “alert” fatigue
- **Expedited payment and decision making:** e-bank transfers, e-billing



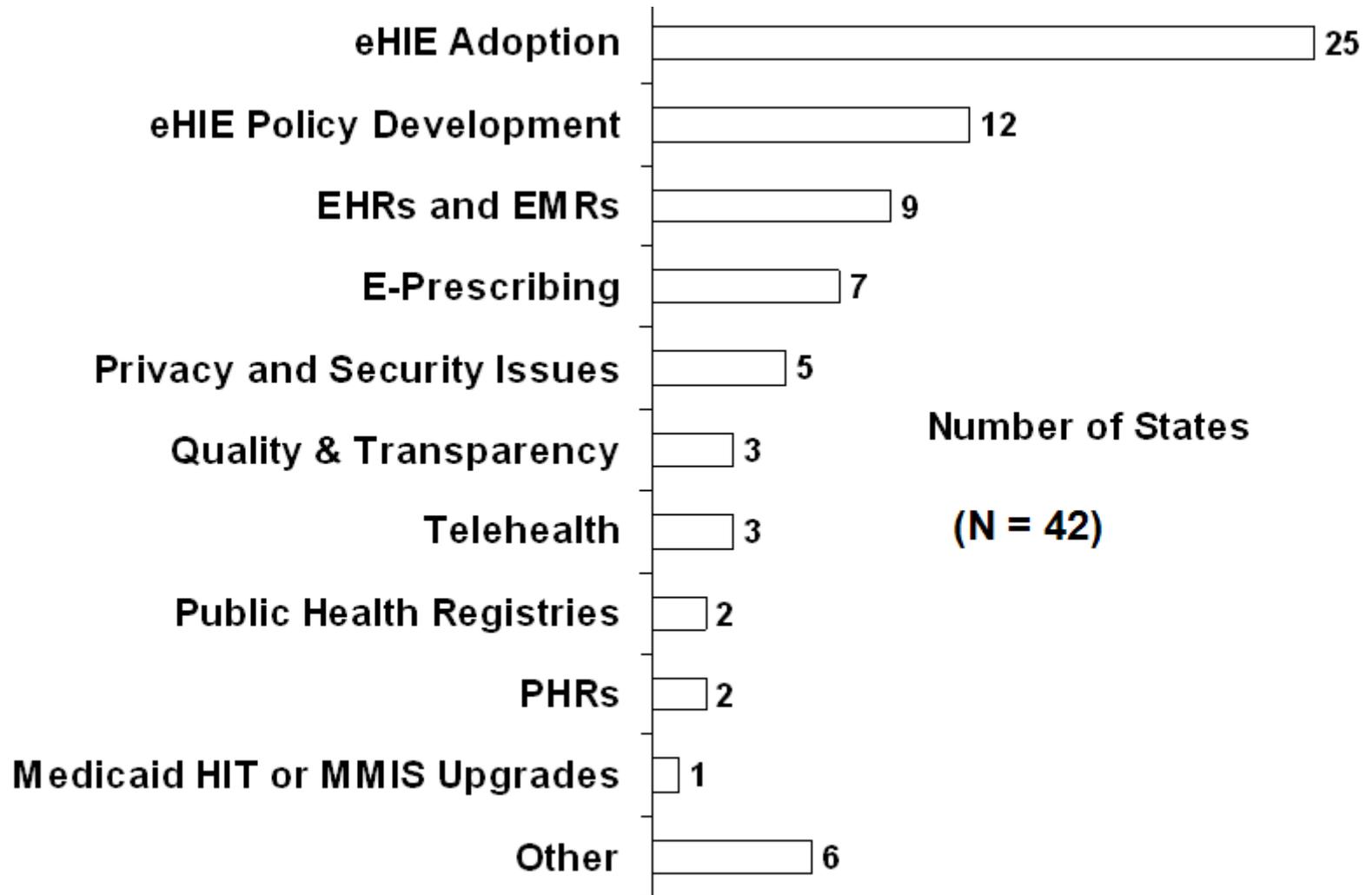
Health Care Reform Link to Health IT for States

- Alignment of incentives for consumers, providers, taxpayers, regulators to improve quality of health and health care delivery
- Balancing of “3 legs of the stool”: quality, access, and affordability
- Continuity of care + continuity of providers + continuity of system of care
- Development from payer to purchaser using e-health
- Evidence-based medicine

Opportunities through Health IT

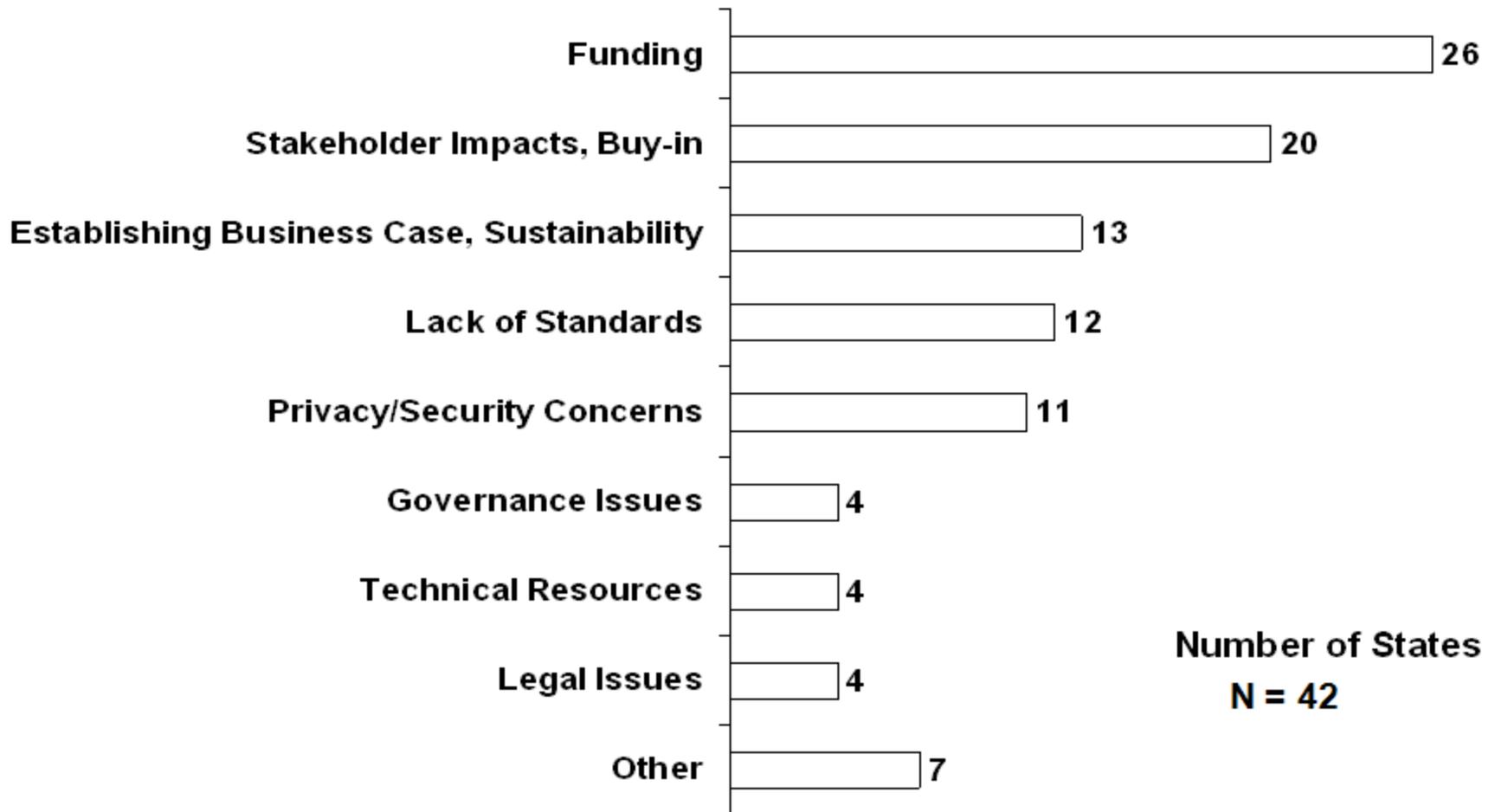
- **Actual literacy** = health literacy + computer literacy
- **Building trust** = privacy + security + consent (authentication/authorization)
- **Complete communication** = interoperability + integration
- **Data-dominated information:**
 - Evidence based = retention of data – dirty data + data distribution
 - Efficiency, effectiveness, and ease of use

Top State Identified eHealth Priorities for Next 2 Years in 2007



Source: The Commonwealth Fund & NGA eHealth Survey, conducted by HMA, 2007.

Barriers to Accomplishing eHealth Priorities



Source: The Commonwealth Fund & NGA eHealth Survey, conducted by HMA, 2007.

Health IT Initiatives: Systems and Components States Identified as Most Significant

E-Prescribing	AR, IL, MA, NH, PA, RI, KY
Electronic Health Records	AR, DC, KS, MN, MO
Electronic Medical Records	FL, HI, NM, OR, RI
Telehealth	HI, NE, NM, OR, WV
Decision Support Tools	ME, MO, IN, VT
Web-Based Tools	AL, MA, UT
Patient Health Records	OR
MMIS Replacement	ND

Source: The Commonwealth Fund & NGA eHealth Survey, conducted by HMA, 2007.

State Voices of Experience: Lessons Learned

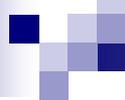
- **Proceed slowly:** gain trust and fully explore policy issues related to privacy and security, access, authorization, authentication.
- **Involve stakeholders early.**
- Use an **HIE model that doesn't lock out** prospective **participants.**
- You don't need all the answers today to move forward; **plan broadly, implement incrementally.**
- Provide **strong project management and dedicated resources.**
- Provide for **sustained collaboration** and an entity whose business it is to leverage different interests and resources for a common good.

Source: The Commonwealth Fund & NGA eHealth Survey, conducted by HMA, 2007.



First Step: Medicaid Transformation Grants

- HIEs
- EHRs
- E-prescribing
- Fraud and abuse
- Decision support/data warehouse
- Disease management
- Public reporting/transparency
- Clinical decision support
- Web-based eligibility screening
- Surveillance and performance monitoring



Opportunities through Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), H.R. 2

- **Expanding eligibility:** Streamline enrollment/retention—express lane eligibility and outreach
- **Improving quality:**
 - Develop and implement evidence-based quality measures
 - HHS develop core set of measures
 - Encourage development and dissemination of model children's e-health records

ARRA for Medicaid

- Opportunities for Medicaid through HITECH: Addressed by Tony
- States have three very specific responsibilities to draw down the federal dollars for both their administration and the incentive payments to the Medicaid providers (100% FFP).
 - States must use the funds for purposes of administering the incentive payments, *including tracking of meaningful use by Medicaid providers.*
 - States must conduct adequate oversight, *including routine tracking of meaningful use attestations and reporting mechanisms*, which will require look-behinds.
 - States must “pursue initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”

ARRA for Medicaid Process

Guidance regarding state compliance:

- Through regulation where required
- Intermediate and where regulation not required: “Dear State Medicaid” letter
 - Based on historical Medicaid Management Information System (MMIS) requirements and the Medicaid Information Technology Architecture (MITA) framework:
 - States will need to incorporate into their current MMIS structure the capability to pay the incentive payments. The process for enhancements to or development of new management information structures for Medicaid requires the submission of an Advanced Planning Document (APD).
 - The adequate oversight will require look-behind capability that will also require human and IT resources. Funding and hiring by states will take time as will any required state changes via State Plan Amendments, state laws/regulations.

ARRA for Medicaid Process (cont.)

- Encourage adoption of certified EHR technology that promotes quality and exchange of health care information within state specific laws/regs
 - Aligns with the MITA framework level 3-5.
 - Need to address information exchanges with other state agencies within their state, with other public and private entities within their states, with other states and entities in other states, and with ONC .
 - Following the MITA framework, states need to establish a baseline (as is), a vision of where they are going (to be), and a roadmap to go from the “as is” to the “to be” vision.
 - Baseline: snapshot of activities of Medicaid but also other activities within the state both public and private.
 - Vision: goal for the state within the state and in relationship to other states, the federal government, and Indian reservations.
 - Roadmap: timeframes and benchmarks, such as percentage of providers by year, how the MMIS will evolve, how providers will need to evolve, etc. MITA identified “swim lanes” : IT infrastructure, education/technical assistance, communities of practice, etc.



■ Questions and Answers

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



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 us to improve future sessions and 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 Stephanie Rizk at srizk@rti.org.
- As always, thank you!

New Community of Practice (CoP)- Sustainability and Funding

- **Who:** Medicaid-CHIP agency participants
- **What:** Share experiences, challenges, and lessons learned regarding **Sustainability and Funding of Health IT and HIE initiatives.**
- Potential topics on health IT initiatives could include
 - State and federal sources for start-up and ongoing funding
 - Implications for MMIS/MITA development
 - Working with providers on start-up and ongoing health IT implementation.
- Potential topics on HIE initiatives could include
 - Participating financially in public-private partnership or RHIO (start-up and ongoing)
 - Start-up and ongoing funding for creating HIE links with other public agencies and/or private sector health care providers
 - Opportunities for Medicaid/CHIP in participating in ARRA-funded state planning and implementation grants.
- Other potential topic: Methods for evaluating costs, revenue, and/or cost-savings associated with health IT and HIE initiatives.
- **Please e-mail Stephanie Kissam at skissam@rti.org by Friday, May 15th** if you are interested in participating.
 - Please share with others in your organization who might be interested in becoming members of this new CoP.



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>