Welcome to the AHRQ Medicaid and CHIP TA Webinar

Medicaid-CHIP Quality Measurement Strategies: HITECH, CHIPRA, and the Affordable Care Act

Presented by:
Jessica Kahn, Technical Director for Health IT, Division of State Systems, Centers for Medicare & Medicaid Services (CMS)
Lekisha Daniel-Robinson, CMSO/FCHPG, CMS
Mark Doughty, State of Alaska, DHSS, Section of Health Planning and Systems Development

Moderated by:
Stephanie Kissam, RTI International

Friday, December 3, 2010, 2:00–3:30 p.m. Eastern

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

Funded by the Agency for Healthcare Research and Quality
Overview

• Welcome and introductions

• Presentations
  – Centers for Medicare & Medicaid Services
    • Presented by Jessica Kahn and Lekisha Daniel-Robinson, CMS
  – Alaska Health IT: Health Information Exchange (HIE) Electronic Health Records (EHRs)
    • Presented by Mark Doughty, State of Alaska, DHSS, Section of Health Planning and Systems Development

• Discussion

• Closing Remarks
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.
- Please e-mail Julie Singer at jsinger@rti.org if you would like a copy of today’s presentation slides before they are posted on the project Web site.
- All TA Webinar presentation slides to the project Web site: http://healthit.ahrq.gov/Medicaid-SCHIP
Building a System for Quality Measurement, Reporting, and Improvements in Medicaid and CHIP

Lekisha Daniel-Robinson, MSPH
Division of Quality, Evaluation, and Health Outcomes
Family and Children’s Health Programs Group
Center for Medicaid, CHIP and Survey & Certification

Jessica Kahn, MPH
Technical Director for Health IT
Data Systems Programs Group
Center for Medicaid, CHIP and Survey & Certification
The Center for Medicaid, CHIP and Survey & Certification: Our Mission

- To help States make Medicaid and CHIP the best programs they can be and to contribute to the broader goal of improving health care for all Americans
- Beneficiaries are our focus
- Partnerships are critical to success
Integrating CHIPRA and ARRA Efforts into Reform

• Creating a high-performing Medicaid program

• Systems upgrades and data/performance standards
  – Integration with the Exchange
  – Interoperability with other programs/data sources
  – Data enhancements, analysis, performance measures, and transparency
Building on the Foundation of CHIPRA

- Continued partnership with AHRQ in developing the Pediatric Quality Measures Program
- Implementing a National EPSDT Improvement Workgroup
- Implementing a National Oral Health Improvement Strategy with State Medicaid and CHIP programs
- Expanding on the CMS Neonatal Outcomes Improvement Project
- CHIPRA Quality Demonstration Grants
CHIPRA Quality Demonstration Grants

• Grants to support projects that promote children’s health care under Medicaid and CHIP, including:
  – Experimenting with and evaluating use of recommended quality measures;
  – Promoting the use of health information technology (HIT) in service delivery;
  – Evaluating provider-based models that improve the delivery of services; or
  – Demonstrating the impact of the model electronic health record (EHR) format for children to be developed and disseminated under CHIPRA Section 401(f)
  – Expand scope or content of A–D, or address other target area

http://www.insurekidsnow.gov/professionals/CHIPRA/
CHIPRA Quality Demonstration Grants (cont’d)

• Grants to experimenting with and evaluating use of recommended quality measures:
  – Florida/Illinois
  – Maine [Vermont]
  – Massachusetts
  – North Carolina
  – Oregon/Arkansas/West Virginia
  – Pennsylvania
  – South Carolina
Reporting the CHIPRA Core Set

- CARTS Webinar on 12/9/2010
- State Health Official letter on CHIPRA quality measurement efforts
- Informational bulletin for voluntary reporting of CHIPRA core quality measures and reporting data through CARTS
- Technical assistance
### Identifying a Core Set of Quality Measures for Adults in Medicaid

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</table>
| October 2010 | 10/18/10 First meeting of AHRQ’s Subcommittee to the National Advisory Council  
              | 10/28/10 State listening session for feedback and comments on Subcommittee’s core measures set recommendations |
| December 2010/January 2011 | 12/30/10 Publication of Federal Register Notice on the recommended core measures set  
                              | TBD Stakeholder Listening Sessions |
| March 2011   | 03/01/11 Public comment period end for the Federal Register Notice on recommended core measures set |
| June/July 2011 | TBD Second meeting of AHRQ’s SNAC to discuss final recommendations for core measures set  
                  | 07/30/11 Prioritization for measure enhancement and development |
| December 2011 | 12/30/11 Initial core set published for use by States and other stakeholders  
                  | 01/01/12 Planning for establishment of Adult Quality Measures Program |
| September 2014 | 09/30/14 Release of Secretary’s Report with information reported by States on adult quality measures |
### Prevention and Health Promotion

<table>
<thead>
<tr>
<th>NQF ID</th>
<th>Measure Owner</th>
<th>Measure Name</th>
<th>EHR</th>
</tr>
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<tbody>
<tr>
<td>0039</td>
<td>NCQA</td>
<td>Flu Shots for Adults Ages 50-64 (Collected as part of HEDIS CAHPS Supplemental Survey)</td>
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<tr>
<td>0421</td>
<td>CMS</td>
<td>Adult Weight Screening and Follow up</td>
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<td>0031</td>
<td>NCQA</td>
<td>Breast Cancer Screening</td>
<td>X</td>
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<tr>
<td>0032</td>
<td>NCQA</td>
<td>Cervical Cancer Screening</td>
<td>X</td>
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<td>NA</td>
<td>RAND</td>
<td>Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment</td>
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<td>0027</td>
<td>NCQA</td>
<td>Medical Assistance With Smoking and Tobacco Use Cessation</td>
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<tr>
<td>0418</td>
<td>CMS</td>
<td>Screening for Clinical Depression and Followup Plan</td>
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<tr>
<td>NA</td>
<td>NCQA</td>
<td>Plan All-Cause Readmission</td>
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<tr>
<td>0272</td>
<td>AHRQ</td>
<td>PQI 01: Diabetes, short-term complications</td>
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<tr>
<td>0273</td>
<td>AHRQ</td>
<td>PQI 02: Perforated appendicitis</td>
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<tr>
<td>0274</td>
<td>AHRQ</td>
<td>PQI 03: Diabetes, long-term complications</td>
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<tr>
<td>0275</td>
<td>AHRQ</td>
<td>PQI 05: Chronic obstructive pulmonary disease</td>
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## Prevention and Health Promotion (cont’d)

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<tr>
<th>NQF ID</th>
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<tbody>
<tr>
<td>0276</td>
<td>AHRQ</td>
<td>PQI 07: Hypertension</td>
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<td>0277</td>
<td>AHRQ</td>
<td>PQI 08: Congestive heart failure</td>
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<td>0280</td>
<td>AHRQ</td>
<td>PQI 10: Dehydration</td>
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<tr>
<td>0279</td>
<td>AHRQ</td>
<td>PQI 11: Bacterial pneumonia</td>
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<tr>
<td>0281</td>
<td>AHRQ</td>
<td>PQI 12: Urinary Tract Infection Admission Rate</td>
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<tr>
<td>0282</td>
<td>AHRQ</td>
<td>PQI 13: Angina without procedure</td>
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<tr>
<td>0638</td>
<td>AHRQ</td>
<td>PQI 14: Uncontrolled Diabetes Admission Rate</td>
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<tr>
<td>0283</td>
<td>AHRQ</td>
<td>PQI 15: Adult asthma</td>
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<tr>
<td>0285</td>
<td>AHRQ</td>
<td>PQI 16: Lower extremity amputations among patients with diabetes</td>
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## Management of Acute Conditions

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<td>0052</td>
<td>NCQA</td>
<td>Use of Imaging Studies for Low Back Pain</td>
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<td>0640</td>
<td>TJC</td>
<td>HBIPS-2 Hours of physical restraint use</td>
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<td>0576</td>
<td>NCQA</td>
<td>Followup After Hospitalization for Mental Illness</td>
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<td>0476</td>
<td>Providence St. Vincent Medical Center</td>
<td>Appropriate Use of Antenatal Steroids</td>
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<tr>
<td>0469</td>
<td>Hospital Corporation of America</td>
<td>Elective delivery prior to 39 completed weeks gestation</td>
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<td>0648</td>
<td>AMA-PCPI</td>
<td>Timely Transmission of Transition Record (Inpatient Discharges to Home/Self-Care or Any Other Site of Care)</td>
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<tr>
<td>0647</td>
<td>AMA-PCPI</td>
<td>Transition Record With Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self-Care or Any Other Site of Care)</td>
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# Management of Chronic Conditions

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<thead>
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<td>0071</td>
<td>NCQA</td>
<td>Persistence of Beta-Blocker Treatment After a Heart Attack</td>
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<tr>
<td>0018</td>
<td>NCQA</td>
<td>Controlling High Blood Pressure</td>
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<tr>
<td>0074</td>
<td>AMA-PCPI</td>
<td>Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol</td>
<td>X</td>
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<tr>
<td>0075</td>
<td>NCQA</td>
<td>Comprehensive Ischemic Vascular Disease Care: Complete Lipid Profile and LDL-C Control Rates</td>
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<tr>
<td>0063</td>
<td>NCQA</td>
<td>Diabetes: Lipid profile</td>
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<tr>
<td>0057</td>
<td>NCQA</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1c testing</td>
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<td>0036</td>
<td>NCQA</td>
<td>Use of Appropriate Medications for People With Asthma</td>
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<tr>
<td>0403</td>
<td>NCQA</td>
<td>HIV/AIDS: Medical visit</td>
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<td>0105</td>
<td>NCQA</td>
<td>Antidepressant Medication Management</td>
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<td>NA</td>
<td>RAND</td>
<td>Bipolar I Disorder 2: Annual assessment of weight or BMI, glycemic control, and lipids</td>
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<td>NA</td>
<td>RAND</td>
<td>Bipolar I Disorder C: Proportion of patients with bipolar I disorder treated with mood stabilizer medications during the course of bipolar I disorder treatment</td>
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<tr>
<td>NA</td>
<td>RAND</td>
<td>Schizophrenia 2: Annual assessment of weight/BMI, glycemic control, lipids</td>
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<tr>
<td>NA</td>
<td>RAND</td>
<td>Schizophrenia B: Proportion of schizophrenia patients with long-term utilization of antipsychotic medications</td>
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<tr>
<td>NA</td>
<td>RAND</td>
<td>Schizophrenia C: Proportion of selected schizophrenia patients with antipsychotic polypharmacy utilization</td>
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<tr>
<td>0021</td>
<td>NCQA</td>
<td>Annual Monitoring for Patients on Persistent Medications</td>
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<tr>
<td>0541</td>
<td>PQA</td>
<td>Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category</td>
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## Family Experiences of Care

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<thead>
<tr>
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<tr>
<td>0006</td>
<td>AHRQ</td>
<td>CAHPS Health Plan Survey v 4.0 - Adult Questionnaire</td>
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<td>0007</td>
<td>NCQA</td>
<td>CAHPS Health Plan Survey v 4.0H - NCQA Supplemental items for CAHPS 4.0 Adult Questionnaire</td>
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## Availability

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<tbody>
<tr>
<td>NA</td>
<td>NCQA</td>
<td>Ambulatory Care: Outpatient and Emergency Department Visits</td>
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<tr>
<td>NA</td>
<td>NCQA</td>
<td>Inpatient Utilization: General Hospital/Acute Care</td>
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<tr>
<td>0004</td>
<td>NCQA</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
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</table>
The Three-Part Aim

1. Population Health
2. Experience of Care
3. Per Capita Cost
Alaska Health IT: Health Information Exchange (HIE) Electronic Health Records (EHRs)

Presented by:

Mark Doughty, RN, BSN, CHSP
State of Alaska, DHSS, Section of Health Planning and Systems Development

Funded by the Agency for Healthcare Research and Quality
Labs
Pharmacies
Imaging Svcs

Community
Health Centers

Private
Practitioners &
Health Centers

EMS Providers

Personal
Health Record

Home Health

Community & Private
 Hospitals

Alaska Native
Hospitals &
Health Centers

VA/DOD
Coast Guard
Hospitals & Health
Centers

Payor
Organizations

State Agencies
PHNs
Medicaid
API

Nursing Homes

Residential
Treatment Centers

Lower 48
Specialty &
Referral Facilities
Alaska eHealth Network (AeHN) Mission and Vision

- **Mission**: To improve safety, cost effectiveness, and quality of health care in Alaska via widespread secure, confidential electronic clinical information systems including promotion of EHRs and facilitation of health information exchange.

- **Vision**: A connected Alaska health care delivery system

- **Geographic service area**: State of Alaska
Public/Private Convergence

In 2018, it was estimated that the number of Americans with a chronic illness was 128 million. Chronic conditions often require ongoing management and care, which can be complex and expensive. Public and private sectors are working together to improve healthcare for all Alaskans.
AeHN Services

• HIE Core Services
  – Master patient index/record locator service
  – Secure messaging
  – Audit/privacy and security
  – Personal health record
  – Public health reporting

• REC Practice Services
  – Readiness assessment
  – Selecting an EHR/contracting with vendor
  – Workflow design/redesign
  – Training
  – Implementation support
  – IT support
HIE Services

• Annual membership fee
  – Provider: $100
  – Organization: $1 per $10,000 patient care revenue

• Standard data exchange formats for
  – CCD, Lab, Radiology, e-Prescribing, Allergies, Problem List

• Standard single interface

• Standard security policies and procedures

• Participation/data use agreements

• Access to health data from other providers
HIE Components

- HIE—eMPI, RLS, Integration Engine
  - Bidirectional messaging
- Clinical portal and results/image viewing
- Personal health records
- Clinical data repositories
- Notifications/subscriptions
- EMR lite, clinical documentation
- Public health reporting
REC Services

• Assist Alaska health care providers in achieving benefits of a connected EHR system

• Provide technical support services to adopt, implement, and upgrade EHRs to meet federal meaningful use criteria

• Connect EHRs through HIE
REC Services

- EHR readiness assessment
- EHR selection/vendor contract negotiations
- Workflow design/redesign
- EHR training assistance
- Post-implementation support
- IT support/maintenance
Issues Under Consideration

• Research limitations
• Provider buy-in
• Protection of behavioral health and other protected information such as substance abuse treatment, rehabilitation, etc.
• Opt-out criteria and processes
Eligible Provider Assistance

- Practices with 10 or fewer providers defined by:
  - Provider type: MD, DO, NP, PA
  - Provider specialty: FP, GIM, Peds, OB/Gyn
  - $3,000 per provider with a $30K cap per site
- Up to $12,000 in technical services per critical access hospital (CAH) or rural hospital
Implications for Alaskan Providers

• Meeting the 30% threshold for Medicaid patient volume
• Workforce development for IT staff
• Recruitment/retention of IT staff
• Workflow redesign
Contacts

For more information or to become a member of AeHN/REC, please contact:

Alaska eHealth Network: [http://www.ak-ehealth.org](http://www.ak-ehealth.org), (866) 966-9030

Alaska REC: Jim Landon, [jim@ak-ehealth.org](mailto:jim@ak-ehealth.org), Ext. 4

Alaska HIE: Rebecca Madison [rebecca@ak-ehealth.org](mailto:rebecca@ak-ehealth.org), Ext. 3

State of Alaska: Mark Doughty, [mark.doughty@alaska.gov](mailto:mark.doughty@alaska.gov) (907) 269-2084
Thank You!
Discussion
Subscribe to the Listserv

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• **Click here to subscribe to the listserv**—a prefilled message will open; enter your name after the text in the body of the message and send.

• Or follow the instructions below
  • 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.
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