

# ***National Committee on Vital and Health Statistics***

## ***Glide Path for Meaningful Use of EHR in Medicaid : 2011 and Beyond***

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Arizona Health Care Cost Containment  
System  
April 29, 2009

# Vision of the Transformation of Medicaid

Electronic Health Record



Informed,  
Activated  
Patient

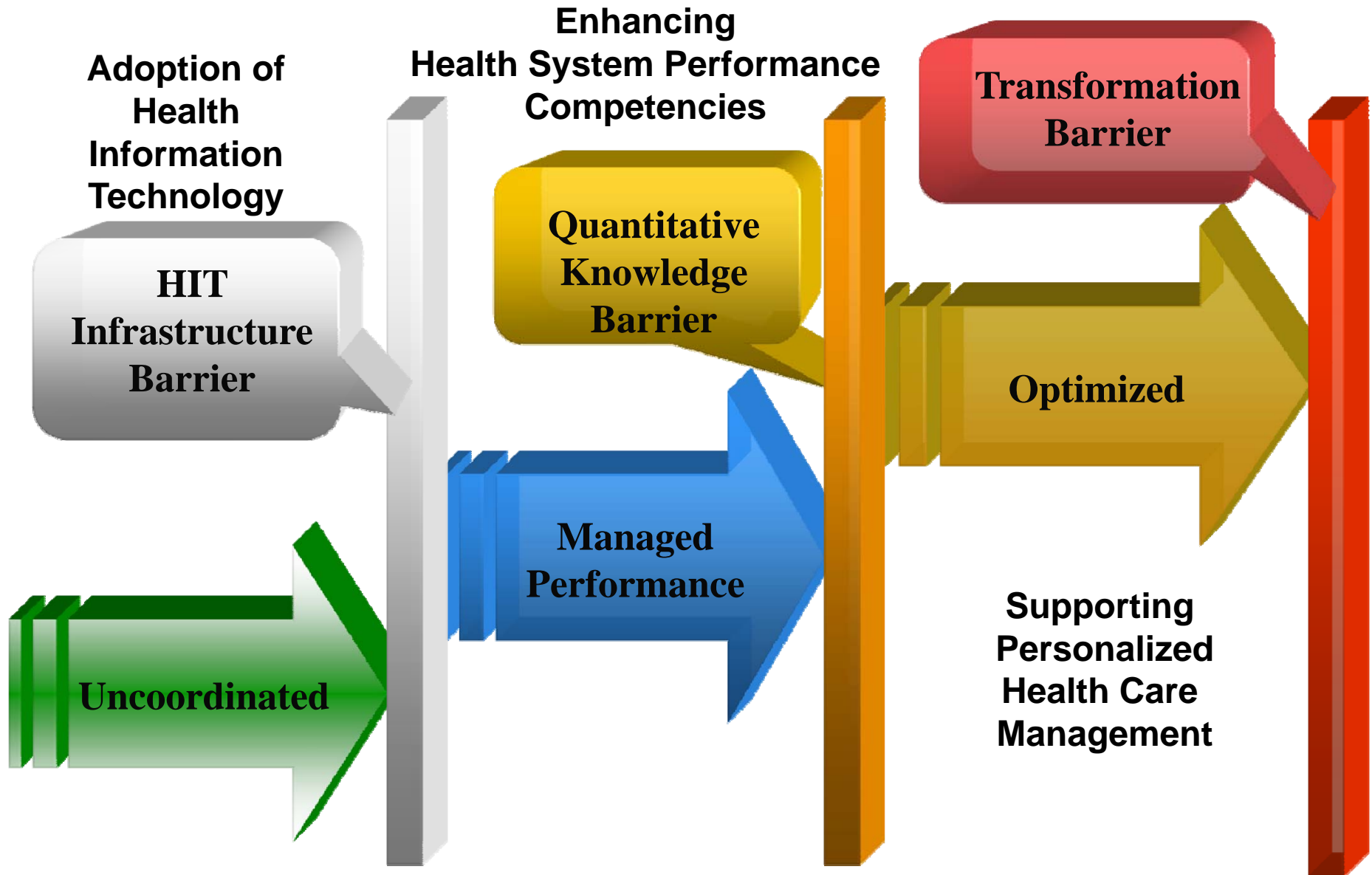
Productive  
Interactions

Prepared  
Clinical  
Team



Clinical and Value Decision  
Support Tools

# Overcoming Barriers in Medicaid Health System To Achieve Health Care Transformation Maturity

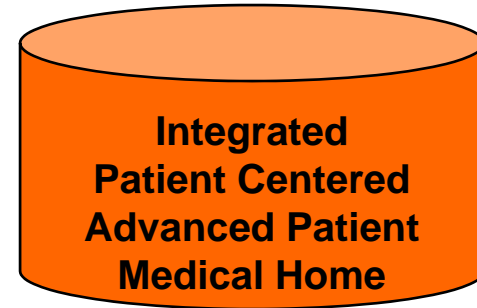
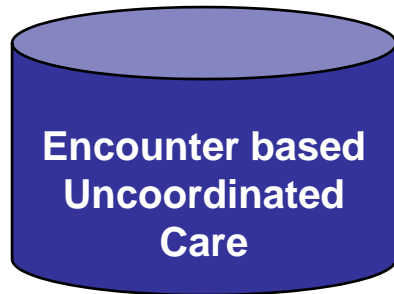


# Upgrading the Health System

**Health System  
1.0**

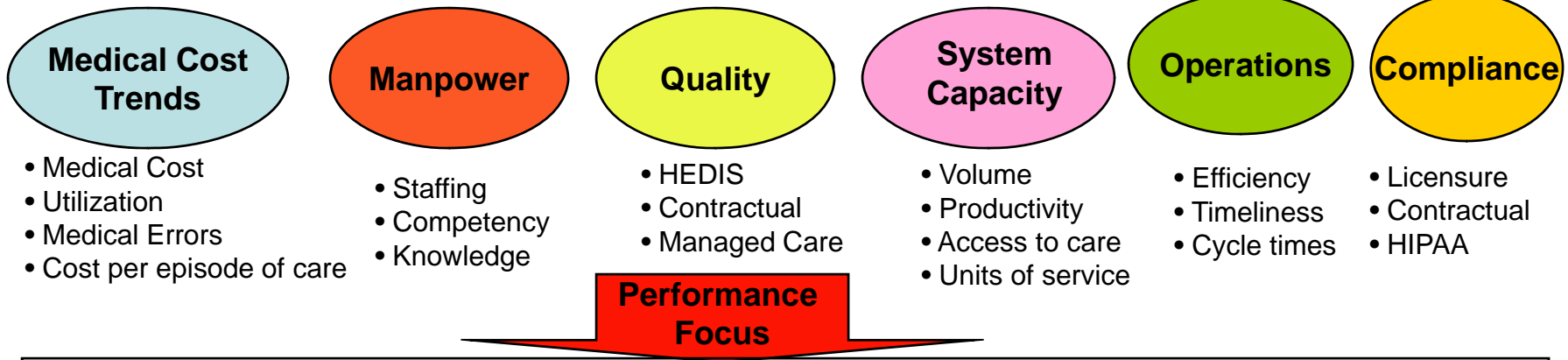
**Health System  
2.0**

**Health System  
3.0**



# Driving Health System Performance Through Meaningful Use of EHR

## Health System Performance Metrics



# **Glide Path To Meaningful Use**

Structural Development Phase

Initial Use Phase

Optimized Use Phase

# Structural Development Phase 2010 thru 2011

- Acquisitions and Installation of a certified EHR
  - E-prescribing
  - Computerize order entry results reporting
  - Quality reporting capabilities
  - Clinical Decision Support capability
- Ability to exchange continuity of care documents (CCD) at each patient care delivery point
- Clinical Data Repository
- Practice business process reengineering and EHR integration

# HIT Structural Development Requirements

- Health System strategic HIT plan
  - Approaches, methods, and timelines for organized EHR adoption assistance and financial support
  - HIE network infrastructure and EHR interface design development
  - Clinical Data Repositories data architecture design and development and data flows
- System acquisition, upgrade, or integration
- On-going technical support and assistance centers
- Practice reengineering support
- Clinical practice staff training and EHR competency development
- Clinical Decision Support integration
- Public Health Alert and Monitoring system integration
- Case management and MCO systems integration
- Integration of patient decision support tools



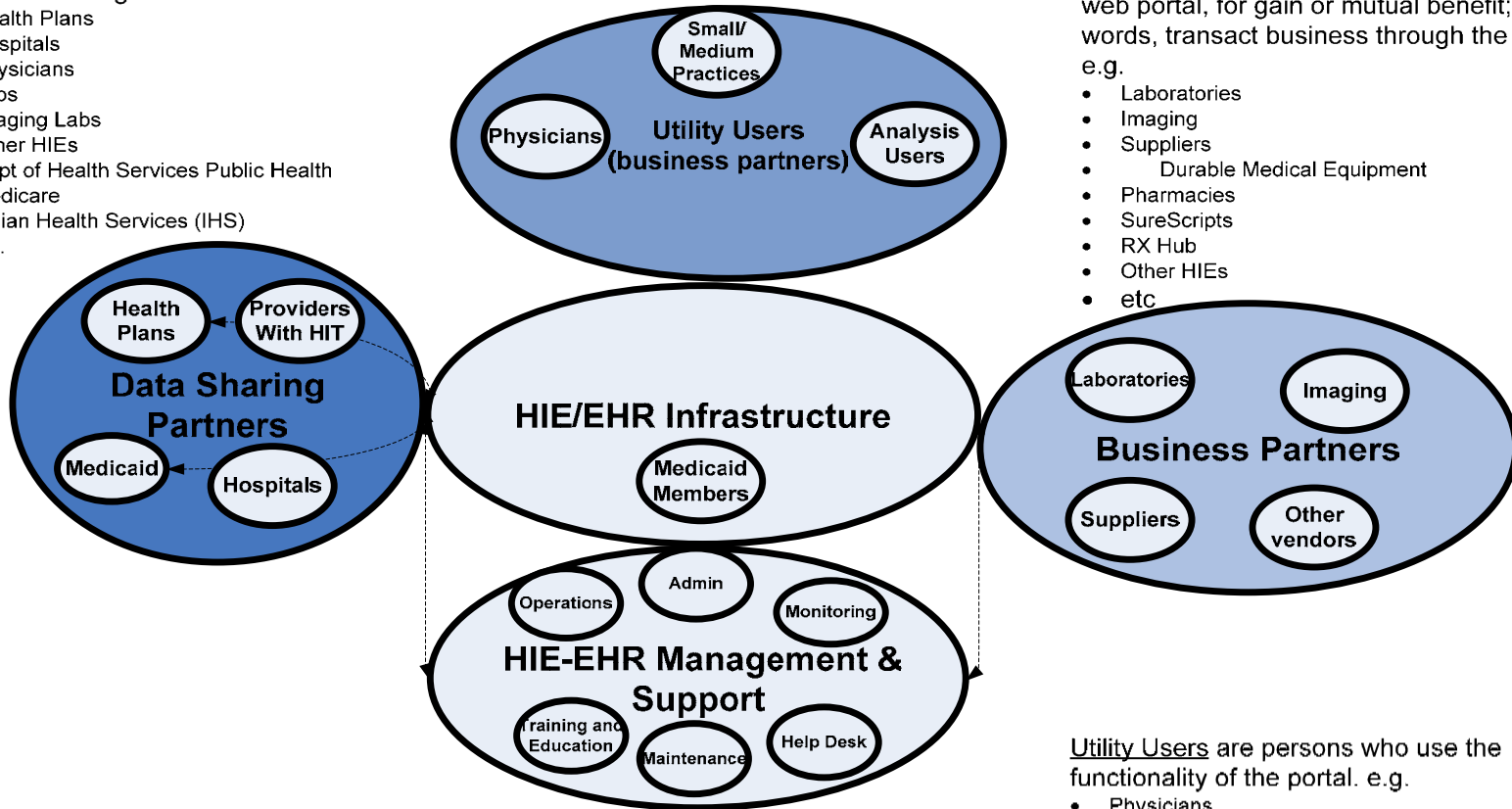
# Relationship Development in the Structural Phase

Data Partners are organizations that share or exchange data through the HIE-EHR Infrastructure e.g.

- Health Plans
- Hospitals
- Physicians
- Labs
- Imaging Labs
- Other HIEs
- Dept of Health Services Public Health
- 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.

- 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.

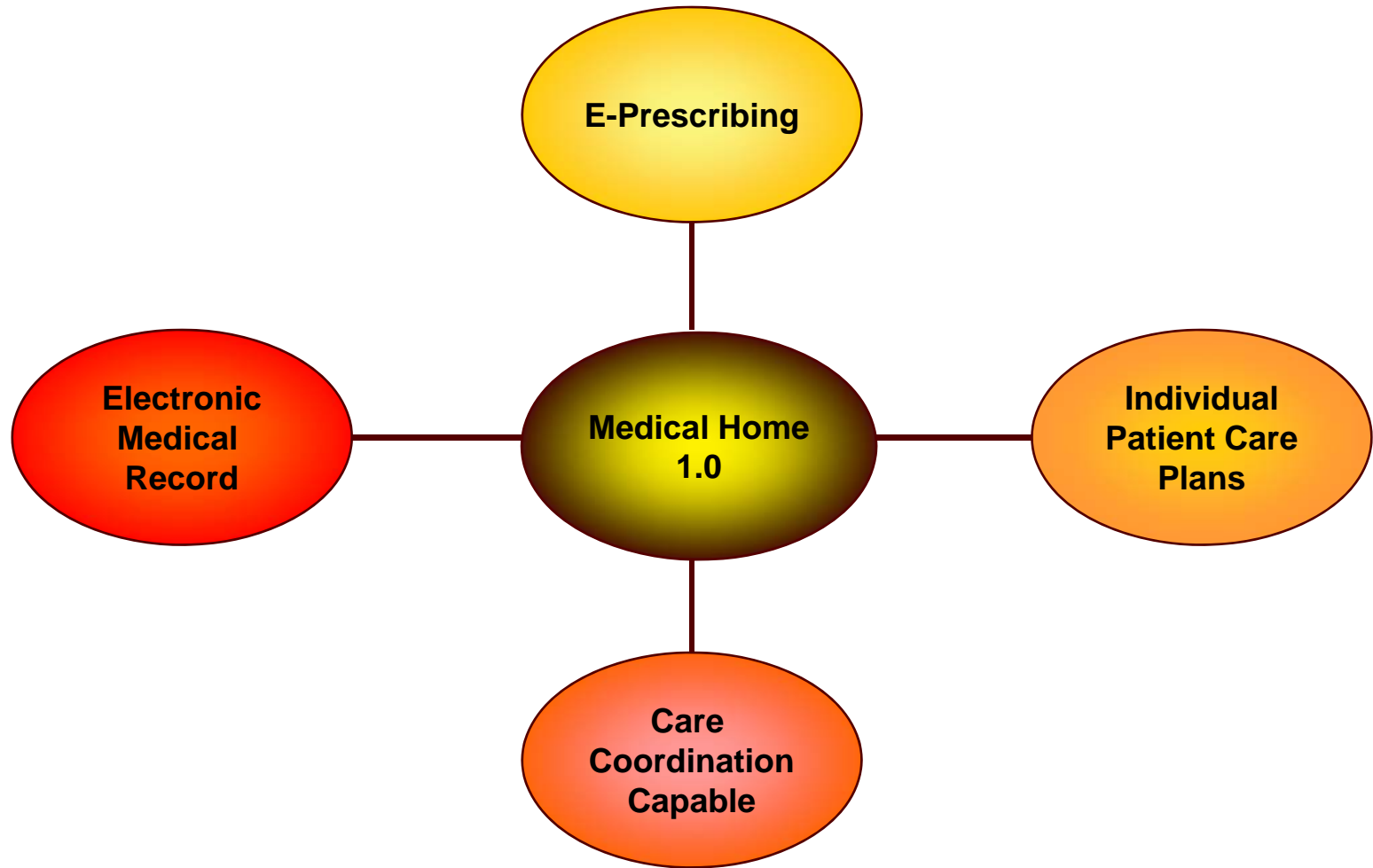
- Physicians
- Small/medium Practices
- Analysis users (TBD)
- Emergency Depts
- Dept of Public Safety
- Department of Health Services
- etc

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

# EHR “Initial Use” Phase 2011 thru 2012

- Building EHR Meaningful Use Competency (System Burn In)
- Technical assistance and support for provider practice
- Focus on productivity improvement
- Data conversion assistance and support
- EHR system failure “risk reduction” strategies
- External data sources and HIE interface connectivity

# Medical Home 1.0



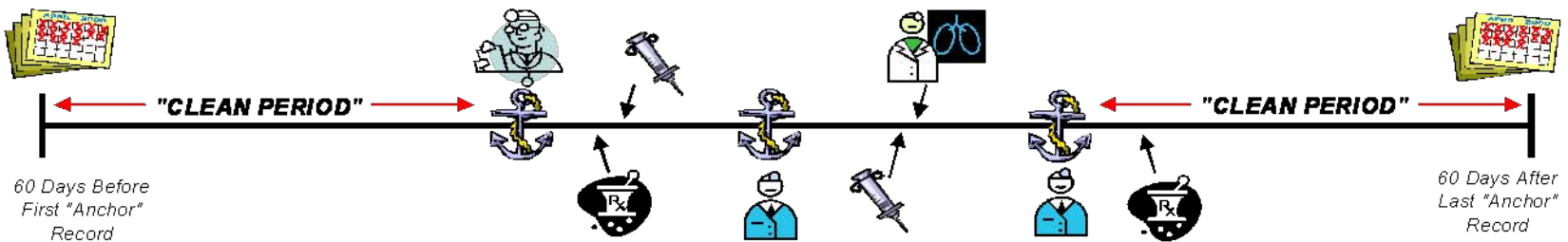
# EHR Managed Performance Phase

- Participation in quality networks for comparable performance analysis and improvement
- Configuration and effective use of clinical decision support
- Web connectivity with patients for compliance management (electronic reminders, messaging, and telehealth)
- Use of health e-learning tools for patient health literacy and compliance
- Electronic performance reporting
- Disease registries

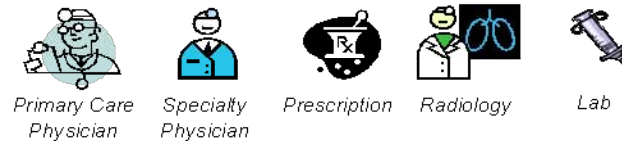
# Cost and Quality Performance Management Episode of Care Tracked through an EHR

## THE LIFE OF A CHRONIC SINUSITIS (w/o SURGERY) EPISODE

Outcome Cost = \$1,020



Predicted Cost = \$950



**First Anchor:** You visit your Primary Care Physician for sinusitis. He gives you a prescription and orders blood work. He is concerned that you have a history of sinus infections, so he refers you to an ENT. The PCP visit becomes the first anchor and, because it has been more than 60 days since you have visited him for sinusitis, it begins the episode. The PCP visit, prescription and lab work together form a cluster within the episode.

**Second Anchor:** You visit the ENT. She orders a sinus X-ray and more blood work. You schedule a follow-up appointment. The ENT visit, X-ray and lab work form another cluster within the same episode.

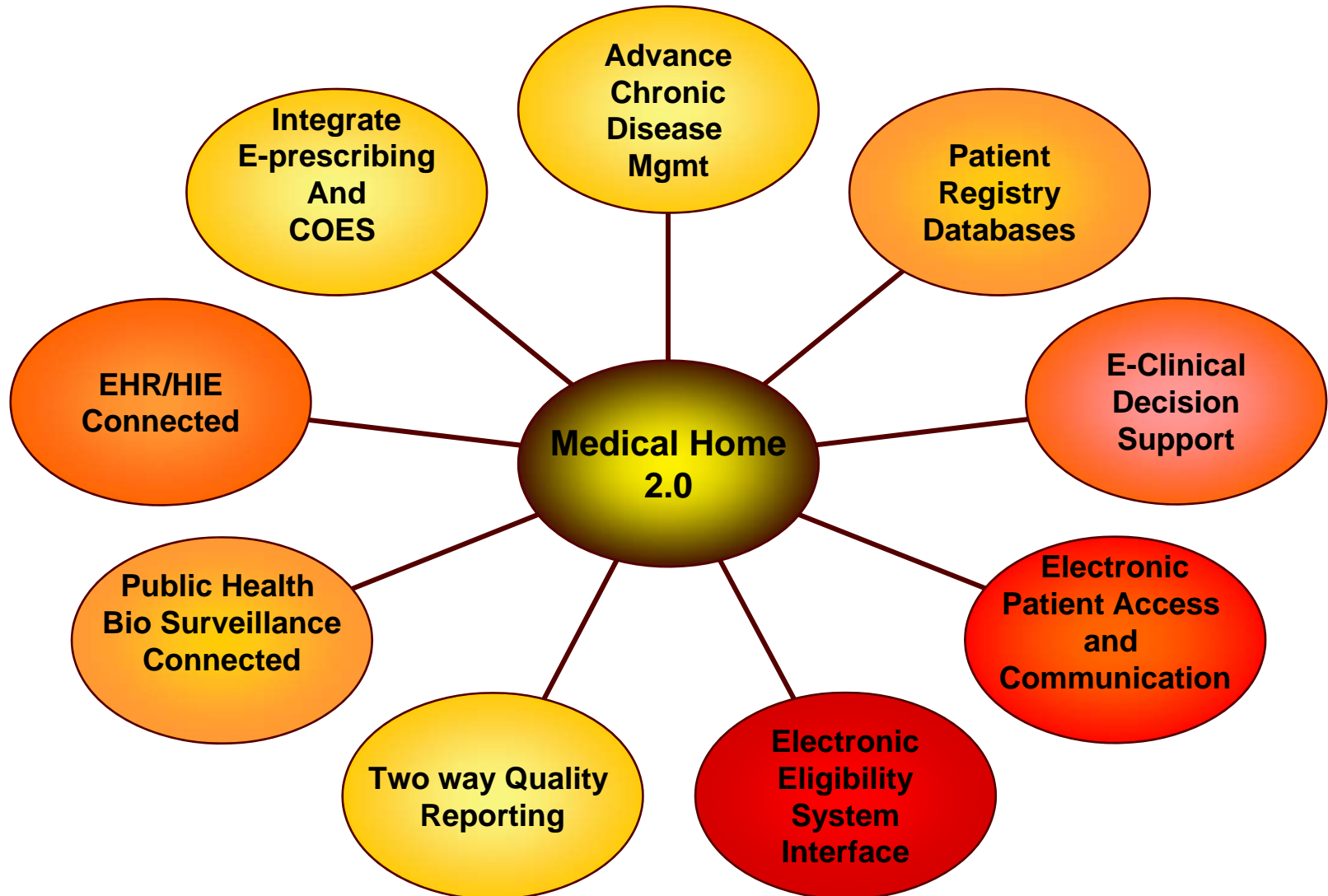
**Third Anchor:** You visit the ENT for your follow-up appointment. She tells you that the results of the tests came back negative. She prescribes a preventative medication to help reduce the occurrence of sinusitis. The ENT visit and prescription form another cluster within the same episode.

**Conclusion:** The medication worked and you have not been back to either doctor within 60 days from your last visit for this illness. Since it has been 60 days since the last anchor record for this illness, the episode is now considered concluded.

# Performance Management

- High performing self correcting health systems
- Cost and quality transparent
- Vertically and horizontally integrated care process
- Patient centered
- Patient and family actively engaged
- Reduced cycle time between clinical discovery and comparative effectiveness information and wide spread community practice

# Medical Home 2.0

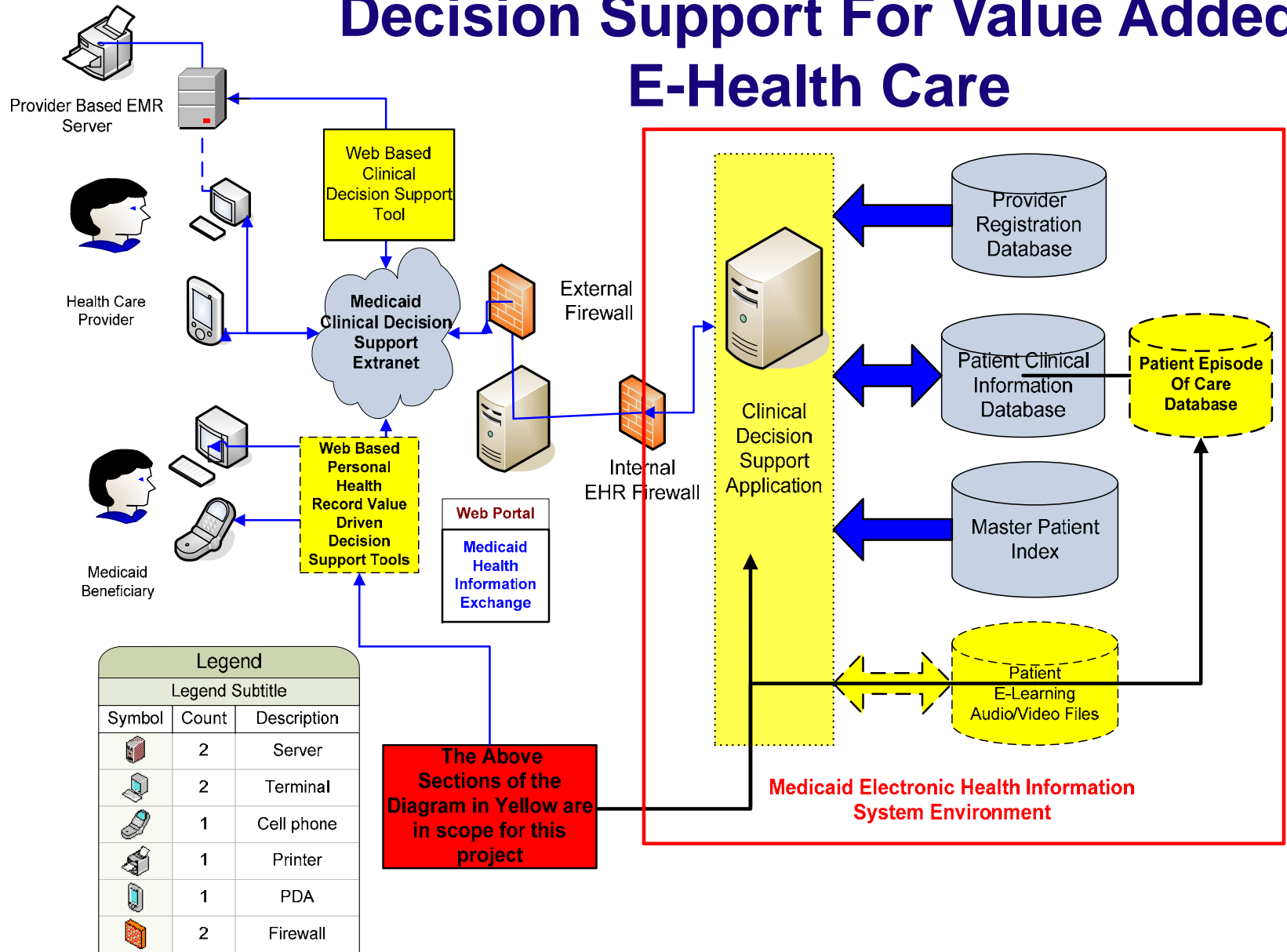


# EHR “Optimized Use” Phase 2013 and Beyond

- System configuration for optimization of patient management
  - Optimization analysis and system configuration
  - Training and support
  - Best practice
- Personal Electronic Health Record Extensions from the EHR
- Advanced messaging and alerts
- Integration of Web 2.0 functionality for patient support and care management
- Integration of remote monitoring tools, telemedicine, telehealth and health e-learning functionality and tools
- Integrated with health plan care management systems
- Translational research participation and quality network infrastructure



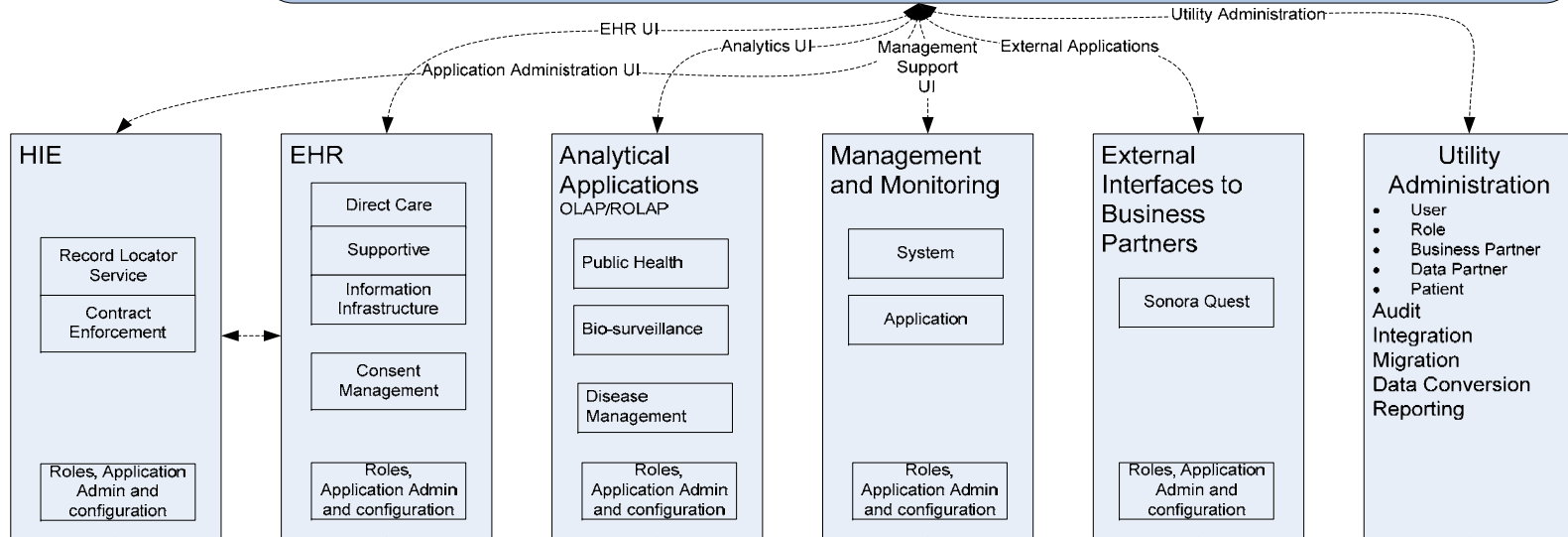
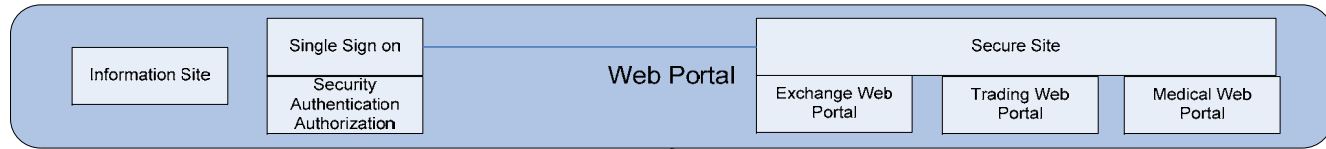
# Integrating Clinical and Patient Decision Support For Value Added E-Health Care



# 21<sup>st</sup> Century Organizational Competency In Medicaid

<b>Customer Care</b>	<b>Operations</b>	<b>Medical Management</b>	<b>Financial Management</b>
<b>Web based Electronic Eligibility Screening integrated with EHR</b>	<b>Electronic Claims EDI integrated with EHR</b>	<b>Utilization Management integrated with EHR</b>	<b>Expenditure management</b>
<b>Web based Provider Information Access and Administrative Functions</b>	<b>Contracting &amp; Network Mgmt Tools with EHR requirements</b>	<b>Quality Improvement Management</b>	<b>Rate Setting Reimbursement Management</b>
<b>Web based Member Communications and Feedback and Compliance management</b>	<b>Health Information Exchange/ Electronic Health Records/E-Prescribing Integration</b>	<b>Disease Management integrated with clinical decision support</b>	<b>Policy Modeling and Planning</b>
<b>Electronic Customer Relations Management Integrated with CDS</b>	<b>Data Warehouse and Decision support tools</b>	<b>Case Management integrated with EHR</b>	<b>Financial Performance Reporting</b>
<b>Web Based wellness and health e-learning</b>	<b>Electronic Quality Reporting</b>	<b>Predictive Modeling and Medical Risk Management</b>	<b>Fraud and Abuse Monitoring</b>

# Medicaid e-Health Information Technology Environment 2011 and Beyond



The Healthcare Information Exchange (HIE) Application enables the sharing of data between Physicians, Labs, Imaging, Plans/Payers, Medicaid.

Also provides Administrative process support and Administrative Data management

The Electronic Health Record (EHR) Application provides Clinical Data Management with Decision Support for processes where possible.

Also provides Administrative process support and Administrative Data management

Models to align are CCHIT Certification HL7 Functional MITA Business Architecture Governor's Roadmap

The Analytical Applications of the Utility provide support for Public Health, Bio-surveillance and Disease Management

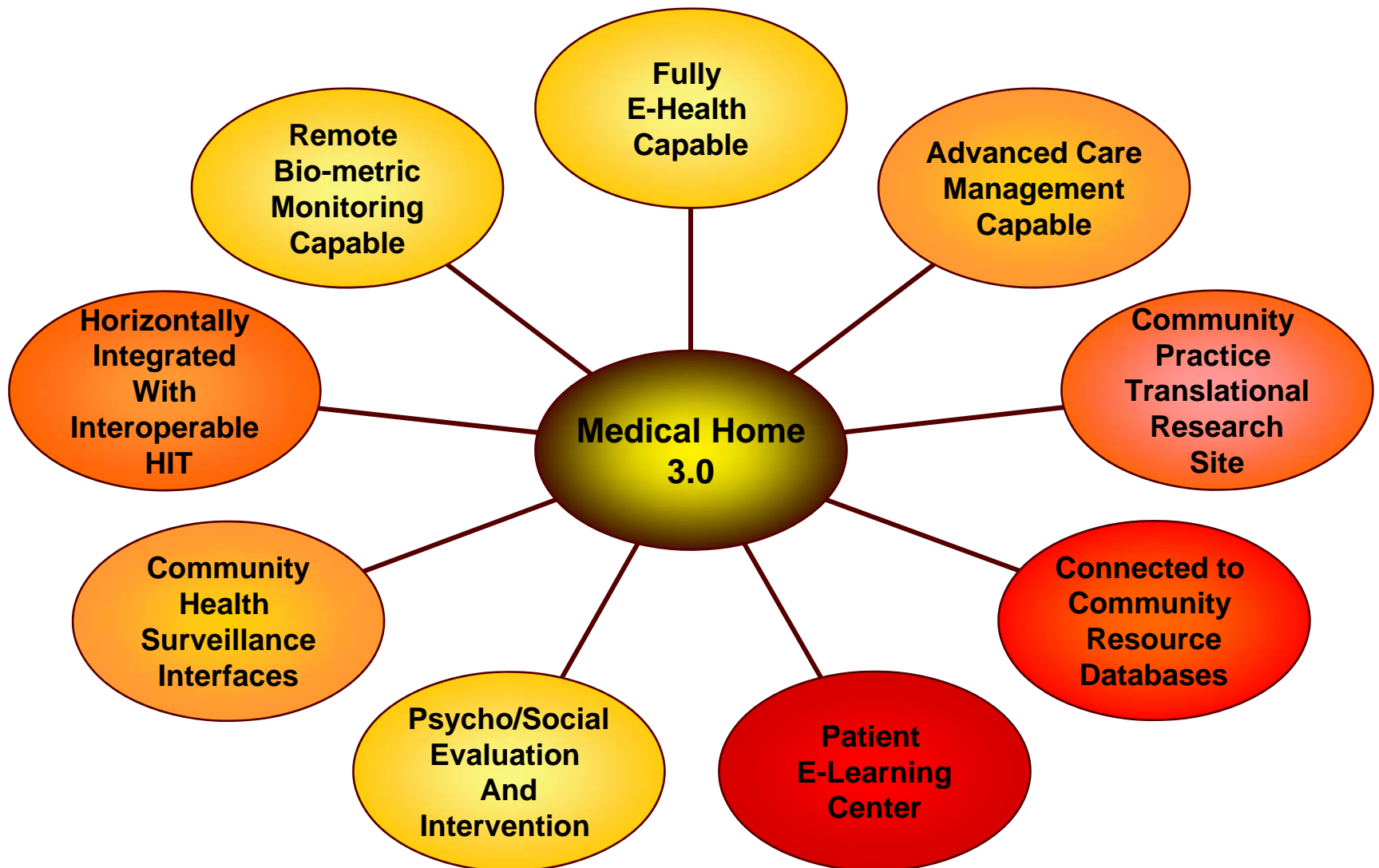
Also provides Administrative process support and Administrative Data management

The System and Application Management and Monitoring Applications provide operational support for the Utility in order to provide High Availability and zero maintenance window service levels.

External Interfaces to Business Partners' Applications create seamless links to their applications through prior arranged protocols for application sharing and privacy.

Administration Applications provide the tools for the Utility Operations team to run the utility, integrated with application roles, admin and configuration from integrated applications.

# Medical Home 3.0

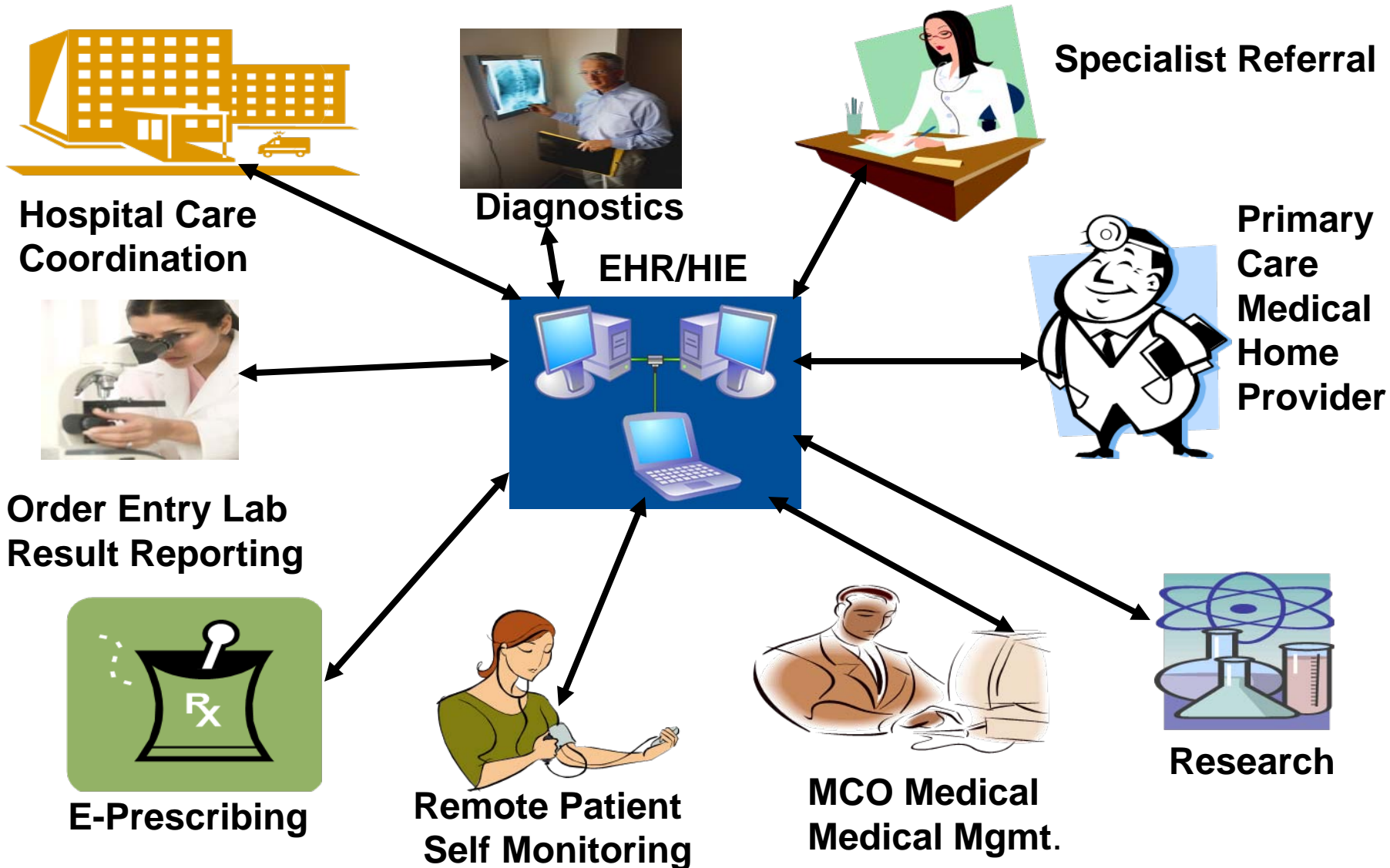


# Optimized Healthcare System 3.0

## Maturity

- **Fully integrated and coordinated patient centered health systems** including prevention, primary care, specialty care, hospital/institutional, population, and community health;
- **Performance focused on individual, family, population, community, and environmental** factors that impact health and wellbeing;
- **Comparable quality and cost performance** at individual, population, community, state, and national level;
- **Health care networks resources designed and organized around the individual** health care plan and population health care needs including health, psychosocial, and community resources;
- **Aligned clinical decision support and patient decision support tools** that automatically update clinical and patient decision support applications and information and that are integrated with knowledge resources;
- **electronic health record exchange capabilities** that reliably and securely move information among health systems and networks to optimize care coordination;
- **Accountable systems that optimize health care system efficiency, effectiveness, and quality**, increase health system capacity clinical care, and drive new best practices and clinical discoveries.

# The E-Health Connected Medicaid Health System



**Questions?**