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# Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant:

## Improving Health Outcomes for Children (IHOC) in Maine and Vermont



UNIVERSITY OF SOUTHERN MAINE  
Muskie School of Public Service



# Improving Health Outcomes for Children (IHOC) Maine State Coordinating Committee Agenda 6-21-2012

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## **Brief Overview of IHOC—Maine and Vermont**

- ❑ **5 year CHIPRA Demonstration Grant**
  - ❑ Year 1 Planning (Feb 22, 2010 - Feb 21, 2011)
  - ❑ Year 2 Begin Implementing (Feb 2011 - Feb 2012)
  - ❑ Year 3 Continue Implementing (Feb 2012 - Feb 2013)
  
- ❑ **Updates and Discussion on Year Three Progress on Final Operational Plan (FOP)**
  - ❑ Practice Improvement
  - ❑ Child Health Measures
  - ❑ HIT Infrastructure

# CHIPRA Quality Demonstration Grants

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## **Goal**

Establish and evaluate a national quality system for children's health care provided through Medicaid and the Children's Health Insurance Program (CHIP).

10 grants awarded: “test promising ideas for improving the quality of children’s health care” under Medicaid and CHIP.

## **Authorization**

Section 401 (d) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

## **Administered**

Centers for Medicare & Medicaid Services (CMS)

# IHOC

## Final Operational Plan Summary for Maine

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- ❑ **Collect and Report Measures**
  - ❑ 24 CHIPRA Core Measures
  - ❑ EPSDT (Early and Periodic Screening, Diagnostic and Treatment)
  - ❑ Additional Clinical Measures
  
- ❑ **Enhance HIT infrastructures**
  - ❑ Automate EPSDT and other clinical data
  - ❑ Implement Electronic Comprehensive Health Assessments (CHA) for children in Maine's foster care system
  
- ❑ **Provide learning initiatives**
  - ❑ PCMH Pilot sites- pediatric practices
  - ❑ High Volume Medicaid practices
  
- ❑ **Create a Maine Child Health Improvement Partnership (ME CHIP)**
  
- ❑ **Evaluation**
  - ❑ Gather data through evaluation to inform design, assess implementation process and barriers, and measure impact.

# IHOC

## Oversight and Management

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### ❑ **Convened**

- ❑ Maine & Vermont Management Team
- ❑ Maine & Vermont Steering Committees
- ❑ ME CHIP Advisory Group
- ❑ HIT Sub-Committee

### ❑ **Submitted & Approved Budget Request**

- ❑ Year 3
- ❑ Projected Year 2 Carry-Over

### ❑ **Attended CMS Medicaid & CHIP Quality Conference**

- ❑ Baltimore, MD on June 14-15, 2012
- ❑ Maine and Vermont Poster Presentation
- ❑ Maine Breakout Session Presentation on Measures Activities

# IHOC

## Oversight and Management

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- ❑ **MaineCare, OCFS, and Maine CDC websites link to IHOC webpage**
  - ❑ <http://www.maine.gov/dhhs/oms/>
  - ❑ <http://www.maine.gov/dhhs/ocfs/>
  - ❑ <http://www.maine.gov/dhhs/mecdc/navtabs/providers.shtml>
  
- ❑ **IHOC Webpage Updated with New Documents**
  - ❑ First Steps Initiative Report (.pdf)
  - ❑ Foster Care Children - Health Status (.pdf)
  - ❑ IHOC Maine State Coordinating Committee 2/23/2012 (.pdf)

## Current Projects

Health Information  
Technology (HIT)

HIPAA 5010

NEW! Improving Health  
Outcomes for Children  
(IHOC)

Value Based Purchasing

PNMI Initiative

Transportation Initiative

## News & Groups

Headline News

Stakeholder Groups

Provider Updates



Social Services Help

## Improving Health Outcomes for Children (IHOC)

Improving Health Outcomes for Children (IHOC) is a 5-year demonstration grant from the Centers for Medicare & Medicaid Services, and authorized by 401 (d) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

IHOC works with doctors' offices, practices and other agencies who want to improve health care in Maine and Vermont to:

- Collect and report on the use of evidenced-based child health quality measures
- Expand the Health Information Technology to improve the flow of child health data
- Promote a collaborative child health learning environment

### IHOC Overview

A short summary of IHOC:

- For Providers ([.pdf](#))
- For Members ([.pdf](#))

IHOC's Final Operational Plan ([.pdf](#)) includes an in-depth description of the project and all its parts.

### IHOC Materials and Presentations

- First Steps Initiative Report ([.pdf](#))
- Foster Care Children - Health Status ([.pdf](#))
- Foster Care Logic Model ([.pdf](#))
- IHOC Maine State Coordinating Committee 9/29/2011 ([.pdf](#))
- IHOC Maine State Coordinating Committee 2/23/2012 ([.pdf](#))
- Practice Improvement Logic Model ([.pdf](#))
- Summary of HIT and Practice Survey Data ([.pdf](#) | [.ppt](#))
- Summary of Pediatric Quality Measures ([.pdf](#))

# Practice Improvement Year Three Progress

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## First STEPS Learning Initiative (Strengthening Together Early Preventive Screening)

Provided by



*Partnering Organizations: Maine Quality Counts, Maine DHHS, MaineCare, Maine CDC, Maine Immunization Program, Maine Office of Information Technology, Muskie School of Public Service, USM, Vermont Child Health Improvement Program, Maine Chapter of the American Academy of Pediatrics, Maine Academy of Family Physicians, Maine Primary Care Association, MaineHealth, Eastern Maine Health Systems, Central Maine Medical Group, MaineGeneral Health, Martin's Point Health Care*

# Practice Improvement

## Year Three Progress

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**First STEPS is a two year Quality Improvement Initiative focused on improving children's health care & improving preventive health (EPSDT) screenings:**

- ❑ Phase 1: Childhood Immunizations
- ❑ Phase 2: Developmental, Autism, and Lead screening
- ❑ Phase 3: Healthy Weight and Oral Health
- ❑ Practices may participate in 1, 2, or all 3 phases

**First STEPS promotes the use of the  
AAP Bright Futures Guidelines and the  
Principles of the Patient Centered Medical Home**

# Practice Improvement

## Year Three Progress

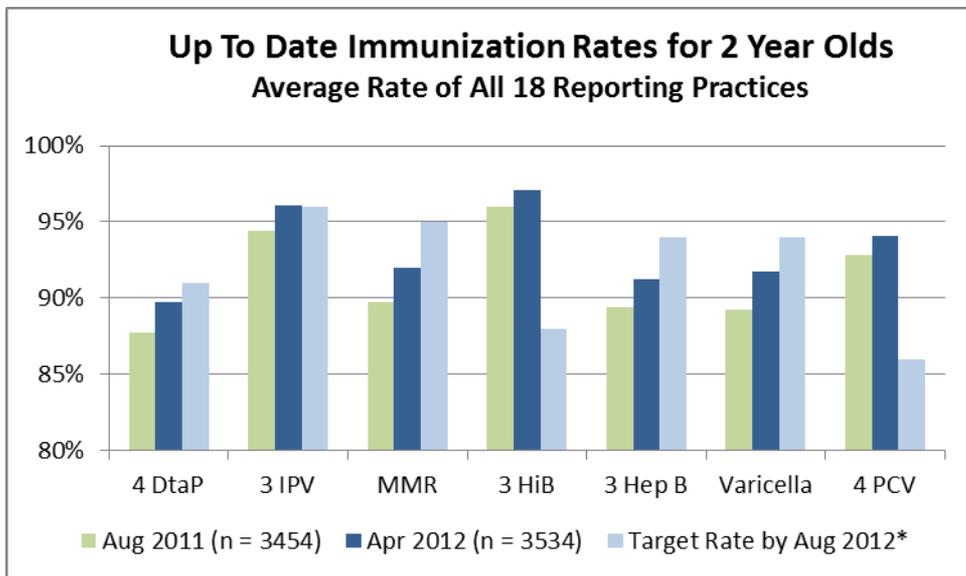
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### **First STEPS Phase One Learning Initiative: *Raising Immunization Rates & Building a Patient Centered Medical Home***

- ❑ **24 clinical teams w/96 physicians**
  - ❑ 22 outpatient groups & 2 hospitalist groups
- ❑ **Collectively provide care to 30,666 children with MaineCare coverage (August 2010 numbers)**

- ✓ Learning sessions in Sep 2011 and Feb 2012
- ✓ Practice-level Plan-Do-Study-Act cycles
- ✓ Practice improvement coaching calls every 6 weeks
- ✓ Monthly immunization rate reports Aug 2011-Apr 2012
- ✓ Quarterly immunization rate reports starting in Aug 2012
- ✓ Wrap-Up Session Scheduled Sep 2012

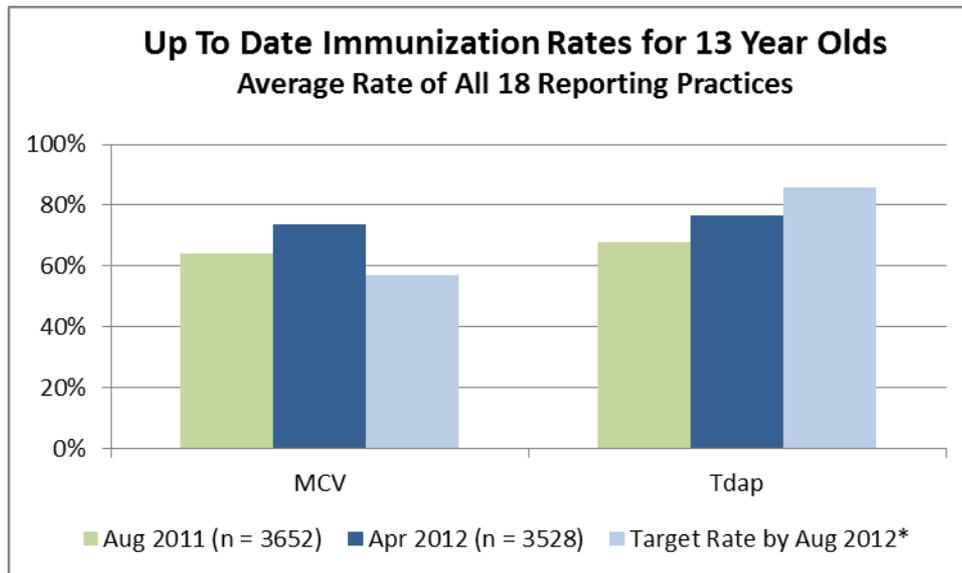
# First STEPS Learning Collaborative: Phase One



18 of 24 child-serving practices in **First STEPS Phase One** reported pediatric immunization registry data every month to track quality improvement.

**Baseline Report: August 2011**  
**Last Monthly Report: April 2012**  
**Next Report: August 2012**

Vaccine Abbreviations and Descriptions	
<b>DTaP</b>	diphtheria, tetanus, acellular pertussis
<b>IPV</b>	inactivated polio vaccine
<b>MMR</b>	measles, mumps, and rubella
<b>Hep B</b>	hepatitis B
<b>Varicella</b>	chicken pox
<b>PCV</b>	pneumococcal conjugate vaccine
<b>MCV</b>	meningococcal vaccine
<b>Tdap</b>	tetanus, diphtheria, pertussis booster



\*Target rates were set based on an Aim Statement to increase rates by 4% using 2009 Maine immunization survey data as a baseline. Because registry data produces different results than survey data, in some cases the target rates are below the August 2011 Baseline Data Rates presented in these graphs.

# Practice Improvement

## Year Three Progress

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### **In Progress: Phase One Final Evaluation Report**

- ❑ Phase One Learning Session Evaluations
  - ❑ Findings from participant evaluation forms
- ❑ First STEPS Immunizations Office System Survey
  - ❑ Results from Baseline and Post surveys
- ❑ Monthly Reports to Quality Counts on PDSA Cycles
  - ❑ Plan-Do-Study-Act Reports on practice's aim, plan, action steps, changes they have made, unintended consequences, next steps
- ❑ Practice-level Immunization Rate Data
  - ❑ Showing change over time; report will include highlights
- ❑ Telephone Interviews
  - ❑ Findings from discussions with practices interested in talking about their experiences with the learning collaborative

# Practice Improvement Year Three Progress

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## **First STEPS Phase Two Learning Initiative: *Improving developmental, autism, and lead screening***

### ❑ **12 clinical teams**

- ❑ **Several Phase One groups chose to continue immunizations work and not join Phase Two**

- ✓ Learning sessions in May 2012 and Sep 2012
- ✓ Practice-level Plan-Do-Study-Act cycles
- ✓ Practice improvement coaching calls every month
- ✓ Monthly chart review data reports May 2012-Dec 2012

**Planning underway for First STEPS Phase Three:  
*Healthy weight and oral health (Apr 2013-Nov 2013)***

# Practice Improvement Year Three Progress

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## **Bright Futures and Other Resources Available Now to Providers via the MaineCare Website**

### **Bright Futures Toolkit**

<http://www.maine.gov/dhhs/protected/bf/>

Click on the link in the middle of the page that says "Bright Futures Toolkit" and the username/password box will pop up. Contact MaineCare Provider Services at 1-866-690-5585 for your username/password.

### **Maine Well Child Visit Forms**

[http://www.maine.gov/dhhs/oms/provider/well\\_child\\_visits.html](http://www.maine.gov/dhhs/oms/provider/well_child_visits.html)

Formerly referred to as Bright Futures forms. Revised to align with current Bright Futures standard of care while retaining Maine-specific priority elements. Includes layout recommendations from paper practices.

### **Maine Parent/Patient Education Forms**

[http://www.maine.gov/dhhs/oms/provider/antic\\_guidance.html](http://www.maine.gov/dhhs/oms/provider/antic_guidance.html)

Revised in collaboration with MaineHealth to meet MaineCare's health literacy requirements for consumers, and then re-formatted for easy printing by practices.

### **Maine Reminder/Recall Letter for Well Child Visits**

<http://www.maine.gov/dhhs/oms/provider/childrens.html>

Click on the .doc link titled "Maine Well Child Visit Form Letter"

# Practice Improvement Year Three Progress

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## **ME CHIP Advisory Group**

### *Maine's Child Health Improvement Partnership*

- ❑ Actively Participating in the National Improvement Partnership Network (NIPN)
- ❑ Identifying child health priorities in Maine
- ❑ Advising First STEPS & IHOC quality improvement activities
- ❑ Advising Maine Health Management Coalition (PTE) on child health immunization measures
  - ❑ IHOC 2 year old and 13 year old immunization measures adopted for Good-Better-Best reporting as of July 2012
  - ❑ IHOC and PTE collaborating to identify registry reporting options

# Practice Improvement Year Three Challenges

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- ❑ **Data collection and reporting is complicated**
- ❑ **Solutions are equally complicated and often result in learning about new challenges!**
- ❑ **Collaboration and communication with all partners is essential**
- ❑ **When we work together we identify problems and solutions much faster**

# Child Health Measures

## Year Three Progress

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- ❑ Produced reports for immunization measures to support the First STEPS Phase One Learning Collaborative
  - ❑ Monthly reports Aug 2011-Apr 2012
  - ❑ Continuing with quarterly reports August 2012
  - ❑ Results include all patients in participating practices
  
- ❑ Submitted 2011 CHIP Annual Report to CMS
  - ❑ 14 of 24 CHIPRA Core Measures

# Child Health Measures

## Year Three Progress

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### **2011 CHIP Annual Report Submitted to CMS**

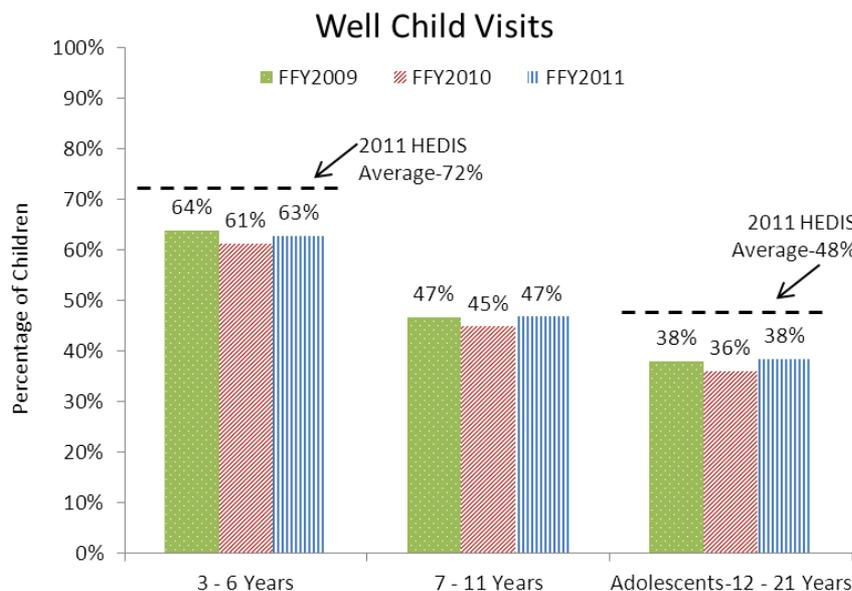
#### **14 CHIPRA Core Measures Included in Report**

- ❑ Chlamydia screening (#9)
- ❑ Well Child Visits (#10,11,12)
- ❑ Preventive dental (#13)
- ❑ Access to PCP (#14)
- ❑ Pharyngitis testing (#15)
- ❑ Dental treatment (#17)
- ❑ ED utilization (#18)
- ❑ Asthma ED visits (#20)
- ❑ Follow-up for ADHD meds (#21)
- ❑ Hemoglobin blood test for diabetes testing(HbA1C) (#22)
- ❑ Mental illness follow-up (#23)
- ❑ Patient experience survey (#24)

# Child Health Measures

## Year Three Progress

- ❑ Currently developing summary report of results to include:
  - ❑ FFY 2009 – 2011 data for claims-based CHIPRA measures
  - ❑ Additional IHOC measures (e.g. fluoride varnish, well child visits for 15 mo - 3 years)



Sample Claims-based IHOC Measure Results

# Child Health Measures

## Year Three Challenges

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### **Challenges to Collecting Remaining CHIPRA Measures**

**Remaining 10 of 24 CHIPRA Core Measures not reported in CHIP Annual Report due a variety of challenges.**

- ❑ Example: No viable data source for the collection of pediatric Central Line-Associated Bloodstream Infection (CLABSI) measure
  - ❑ Per CMS, CLABSI will now be collected directly from hospitals by federal Centers for Disease Control and Prevention (CDC); data will be reported back to the states.
  
- ❑ Example: Immunization registry & other state registries do not include payer-specific data needed to meet CMS reporting requirements
  - ❑ IHOC is collaborating with MaineCare, Maine Immunization Program, and Lead Program to identify ways to produce payer-specific reporting<sub>20</sub>

# Child Health Measures Year Three Challenges

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## Other Data Collection Challenges

- ❑ Example: Discrepancy discovered in immunization measure definitions between CHIPRA and ACIP (Advisory Committee on Immunization Practices) used by CDC (Centers for Disease Control and Prevention)
  - ❑ Creates challenge in meeting different reporting needs (i.e., practice level versus state level)
  - ❑ Will share findings with CMS via:
    - ❑ CHIPRA National Evaluation Team
    - ❑ CHIPRA Technical Assistance Team
    - ❑ CHIPRA Semi Annual Progress Report to CMS

# Child Health Measures

## Year Three Challenges

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### **IHOC Continues to Identify Challenges and Investigate Solutions**

#### **❑ Data Collection Analysis**

- ❑ IHOC is capturing risks, benefits, and requirements identified through investigation of multiple data collection methods (e.g. registries, electronic health records, claims).
- ❑ IHOC is currently testing claims-based data collection processes for additional measures to see if data can be used for reporting.
  - ❑ developmental screening
  - ❑ fluoride varnish
  - ❑ well child visits
  - ❑ asthma meds

# Child Health Measures

## Year Three Challenges

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### **Challenges to Collecting EPSDT/Bright Futures & Other Clinical Measures**

- ❑ Data collection requirements vary according to reporting purposes:
  - ❑ Patient-level for practice improvement
  - ❑ Practice-level for payment incentives
  - ❑ Population-level for statewide reporting
  
- ❑ Claims-based and state registry data collection meet some, but not all, reporting purposes.
  
- ❑ Development of electronic, standard specifications for data capture, transfer, and calculation may support additional reporting needs
  - ❑ See HIT Infrastructure Slides 28 – 34

# HIT Infrastructure

## Year Three Progress

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### **Automation of EPSDT/Bright Futures Measures through State Registry Linkages and Enhancements**

- ❑ Enhancements now available to providers in ImmPact2
  - ❑ ImmPact2 client page displays "Up-To-Date" (UTD) indicators
  - ❑ Selection drop box available for reports (MaineCare, non-MaineCare, All Children, and County)
  - ❑ ImmPact2 affiliate functionality enables reporting for raising rates partners that do not have an owner-owned relationship (requires specific agreements among groups)
  
- ❑ Registry Measures Stakeholder Engagement
  - ❑ Workgroup takes feedback from providers and team, including OMS, IHOC, MIP, OIT, Quality Counts, Muskie School
  - ❑ Collaborates on planning, implementing, and training

# HIT Infrastructure

## Year Three Progress

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### **Automation of EPSDT/Bright Futures Measures through State Registry Linkages and Enhancements *cont.***

- ❑ **Lead Measures: Follow Up to JAD Sessions**
  - ❑ Fall 2012: Conducted series of Joint Application Design (JAD) Sessions to identify, align, and document requirements related to lead and anemia data collection
  - ❑ Focus on developing provider interface between ImmPact2 and Healthy Homes Lead Poisoning Surveillance System (HHPSS, pronounced "helps") for entry and viewing of blood lead test data

# HIT Infrastructure

## Year Three Progress

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### **Automation of EPSDT/Bright Futures Measures through State Registry Linkages and Enhancements *cont.***

- ❑ Lead Measures: Follow Up to JAD Sessions *cont.*
  - ❑ On hold Spring 2012 due to cuts in federal funds to Lead Program
  - ❑ Revisited in May 2012 to determine next steps in new environment
  - ❑ Work group discussions will continue through Grant Year 3
    - ❑ Maine Childhood Lead Poisoning Prevention Program
    - ❑ Maine Immunization Program
    - ❑ MaineCare Services
    - ❑ OIT: HHL PSS and ImmPact2 Application Teams
    - ❑ IHOC Team
      - ❑ Physician champions
      - ❑ Maine Quality Counts
      - ❑ Muskie School
      - ❑ Office of Information Technology (OIT)

# HIT Infrastructure

## Year Three Progress

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### **Automation of EPSDT/Bright Futures Measures through Electronic Health Record (EHR) Data**

- ❑ Practice and Health System “As Is” Assessment
  - ❑ Outreach to five pediatric practices between April and June 2012
  - ❑ Gathering information about how practices and health systems currently enter, store, and use EPSDT-related data (work flow)
  - ❑ Developing understanding of data collection and reporting systems at the practice and health system level (data flow)
  - ❑ Initial draft “As Is” planned for July 2012
  
- ❑ Proof of Concept demonstrates ability to receive EHR/clinical data from practices for measure calculation (see next slides)

# HIT Infrastructure Year Three Progress

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## **HIT Infrastructure Proof of Concept (POC) cont.**

*Demonstrate ability to receive EHR/clinical data  
from practices for measure calculation*

- ❑ Grant Year 2 POC Completed (11/21/2011 to 2/21/2012)
- ❑ Objectives included:
  - ❑ Education of IHOC team on measure specification standards
  - ❑ Analysis of IHOC data elements
    - ❑ To HealthInfoNet (HIN) environment
    - ❑ To Continuity of Care Document (CCD) standards
    - ❑ To popHealth environment
  - ❑ Test of a calculation for one measure

# HIT Infrastructure Year Three Progress

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## **HIT Infrastructure Proof of Concept (POC)**

*Demonstrate ability to receive EHR/clinical data  
from practices for measure calculation*

- ❑ Coordination and alignment of eMeasure specification efforts in Maine with other HIT child health measure initiatives. For example:
  - ❑ Centers for Medicare and Medicaid Services
  - ❑ Office of the National Coordinator
  - ❑ Meaningful Use

# HIT Infrastructure Year Three Progress

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## **HIT Infrastructure Proof of Concept (POC) cont.**

*Demonstrate ability to receive EHR/clinical data  
from practices for measure calculation*

- ❑ Collaboration and Technical Assistance to develop technical environment for the state to receive/report data (POC):
  - ❑ HealthInfoNet
  - ❑ Agilex Technologies, Inc.
  - ❑ Lantana Consulting Group
  
- ❑ April 2012: IHOC-HIT sub-committee and others participated in demonstration review of POC

# HealthInfoNet – Provider Portal

## Continuity of Care Document– test record

444005 TESTLAB PATHNET ( F / 100 years ) Clinical Documents 17:49 2012

Showing all documents View By Category Look For Status All Clear

Mark selected document as unread  
Mark all documents as read

**Patient Snapshot** Send To My EMR Download Print Send To Direct View CDA

### Continuity of Care Document

Created On: February 9, 2012

**TESTLAB, PATHNET**  
Female/100y, 11-Nov-1911 (DOB)  
378354 (CMIC)  
300 MAIN ST  
LEWISTON, ME, 04240

Electronically generated by PPHC on February 9, 2012

#### Results

Result Type	Result Name	Result	Units	Reference Range	Effective Date	Abnormality
Comprehensive Metabolic Panel	Sodium [Moles/volume] in Serum or Plasma (5300035)	143	MEQ/L	137-145	24-Oct-09	
	Potassium [Moles/volume] in Serum or Plasma (5300040)	3.8	MEQ/L	3.5-5.0	24-Oct-09	
	Chloride [Moles/volume] in Serum or Plasma (5300045)	105	MEQ/L	101-110	24-Oct-09	
	Carbon dioxide, total [Moles/volume] in Serum or Plasma (5300050)	31	MEQ/L	25-35	24-Oct-09	
	Glucose [Mass/volume] in Serum or Plasma (5300015)	109	MG/DL	70-100	24-Oct-09	Above high normal
	Urea nitrogen [Mass/volume] in Serum or Plasma (5300025)	12	MG/DL	7-20	24-Oct-09	

Do you want to open or save TESTLAB,PATHNET 378354 09-Feb-2012.xml from dev2-orn-con01? Open Save Cancel

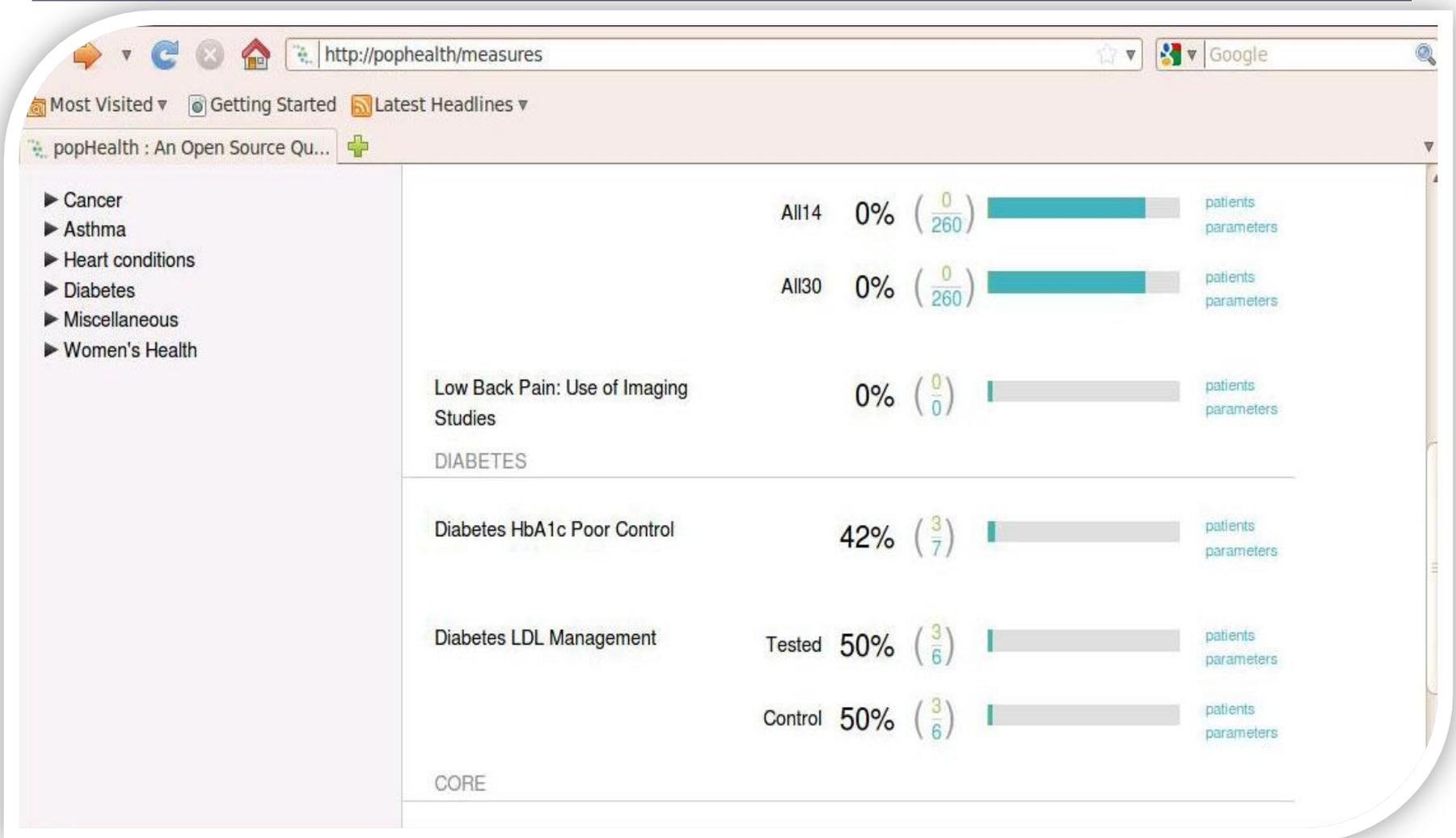
# IN Transit

## Continuity of Care Document – test record

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    codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" />
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# State of Maine - popHealth

## Measure Calculation



# Report Exported

## Physician Quality Reporting Initiative (PQRI) Document

**HIN**

**State of Maine**

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</pqri-measure>  
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<performance-rate>42.86</performance-rate>
```

# HIT Infrastructure

## Foundations for Success

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### ❑ SUCCESS!

- Agilex, Lantana and HealthInfoNet (HIN) worked successfully to demonstrate ability to create a test record (CCD/C32) that renders in both HIN and State of Maine popHealth environments (IHOC Measure 43, NQF Measure 0059).

### ❑ Lessons Learned

- Need to make sure test data includes all data elements required to render measure. For POC this required collaboration between Agilex, Lantana, HIN, and popHealth's vendor (MITRE).
- Some configuration challenges identified (e.g. will need to resolve firewall settings) but are not insurmountable!

### ❑ Next Steps

- Continue working with HIN to test measure calculations

# HIT Infrastructure

## Year Three Progress

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### **Automating the Foster Care Comprehensive Health Assessment**

- ❑ Identifying Options for Automation
  - ❑ Re-grouped in May and June to align with OCFS restructuring plan
  - ❑ Planning based on current priorities, needs, and resources
  - ❑ Focusing on pilot of secure document exchange
  
- ❑ Next Steps
  - ❑ Options continue to be identified and vetted
  - ❑ “To Be” document will capture details and outline decisions
  - ❑ Revised draft planned for Sep 2012

# HIT Infrastructure

## Year Three Challenges

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- ❑ **An ever-changing environment of leadership, priorities, resources, and technology requires constant re-evaluation and an ability to make adjustments along the way.**
- ❑ **Expanding usage and capacity of existing data systems has presented unanticipated challenges and complexities**
- ❑ **Communication is essential. We need to learn and understand each other's language. Details matter!**
- ❑ **Alignment is on-going with:**
  - ❑ Centers for Medicare and Medicaid Services (CMS)
  - ❑ Office of the National Coordinator
  - ❑ Maine State-Wide HIT Plan
  - ❑ State of Maine data systems and programs
  - ❑ Providers
  - ❑ Quality improvement partners
- ❑ **Work is ground breaking and more challenges are expected!**

# IHOC

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