



MaineCare Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

State of Maine Health Information Technology

Member Introductory Meeting for the State Medicaid HIT Plan (SMHP)

April, 2010



Agenda

Meeting Objective

Health Information Technology Background

What HIT Means for Medicaid Beneficiaries

State Medicaid HIT Plan Project

Wrap-Up

Appendix: Reference Material

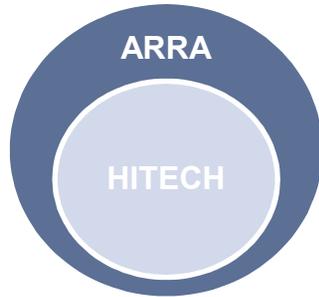
Meeting Objective

The objective of this meeting is to:

- Inform the MaineCare Advisory Committee (MAC) of the Statewide and Medicaid specific Health Information Technology (HIT) planning activities currently underway
- Provide an understanding of the ARRA and HITECH Acts and the incentive program for the adoption and meaningful use of Electronic Health Records (EHRs) and HIT
- Define your role in the State Medicaid HIT Plan Project Visioning Session and what we need from you

HIT Background

Background on Health Information Technology

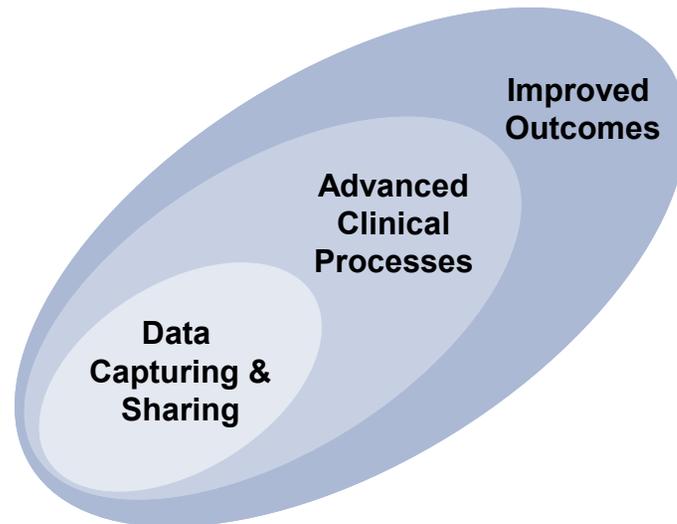


HITECH: The Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the American Recovery and Reinvestment Act (ARRA), seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology.

ONC: ONC is the principal Federal entity charged with **coordination of nationwide efforts** to implement and use the most advanced health information technology and the electronic exchange of health information.

CMS: CMS is overseeing the program to provide a **reimbursement incentives for Medicaid and Medicare physician and hospital providers** who are successful in becoming “meaningful users” of an electronic health record (EHR).

Conceptual Approach to HIT



Initiatives Funded by ARRA

Statewide HIT/ HIE Initiative

**ONC Grant :
\$6.6 m**

- 2/3 for HIN
- 1/3 for OSC

Funding will be used to:

- Build Effective HIE model
- Update Privacy/Security
- Develop HIT workforce
- Remove HIE barriers

Project Goals:

- Statewide Implementation of EHRs
- Residents with access to life-long health records
- Evidenced-based, clinically effective, efficient care for all people

State Medicaid HIT Initiative

**CMS Funding:
\$1.4 m**

For Planning EHR Incentive Program

Funding will be used to develop the SMHP, including:

- As-Is Assessment
- Visioning Session
- HIT Roadmap
- Implementation Plan

Project Goals:

- Incentive payment administration by Jan. 2011
- Program oversight and meaningful use tracking
- Widespread EHR adoption
- Health care quality improvement and information exchange



What HIT Means for Medicaid Beneficiaries

What HIT Means for Medicaid Beneficiaries

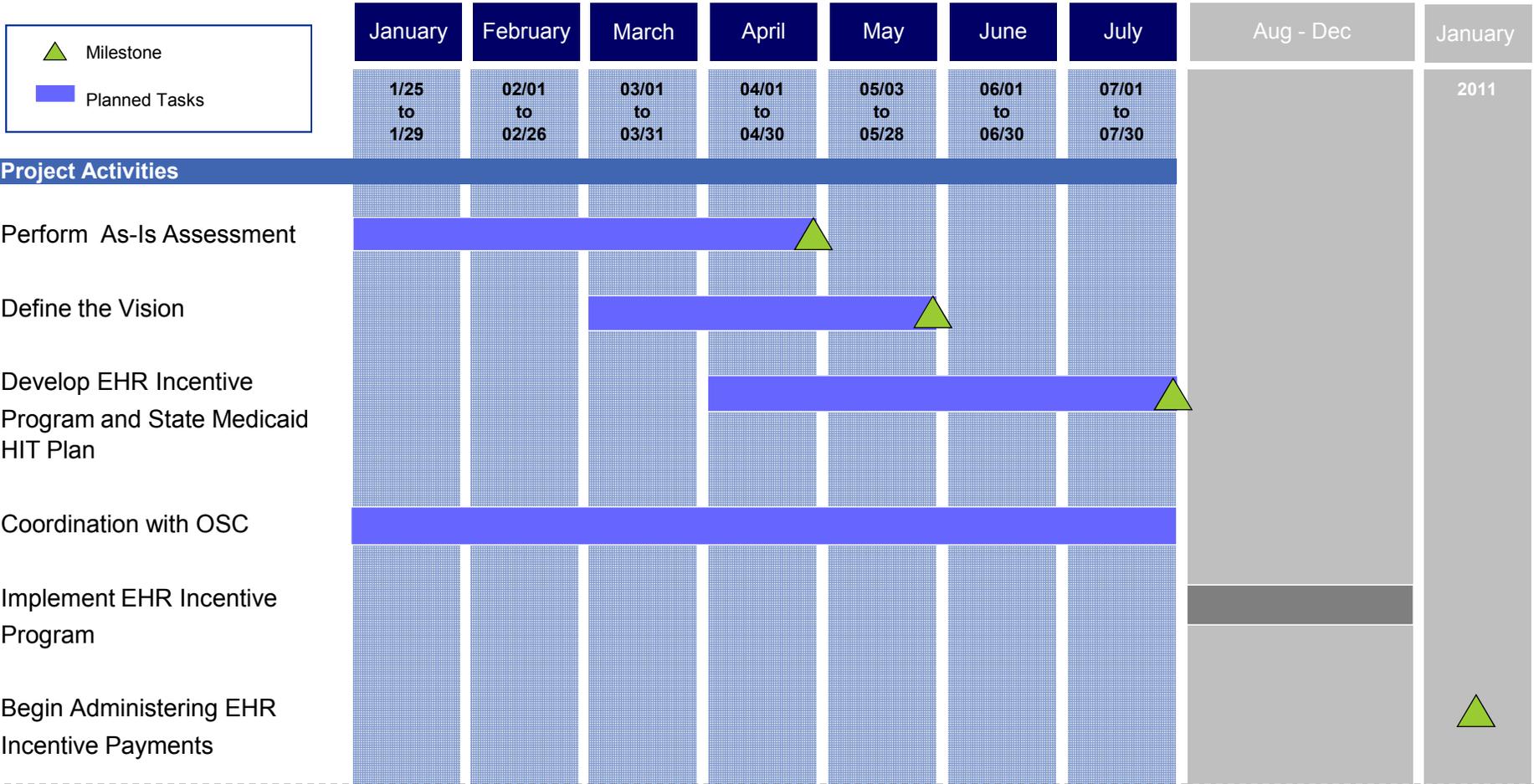
Quality of care may be improved through HIT*

- Real-time information and data about past encounters, conditions, tests, health issues and medications generated in clinical HIT systems from multiple sites will:
 - Greatly facilitate comprehensive health and wellness
 - Improve care safety and quality
 - Reduce medical errors
 - Improve efficiency
 - Reduce medical costs

* A complete list of Meaningful Use Criteria, including patient data which will be tracked and shared through HIT, may be found in the Reference Material section at the end of this document.

State Medicaid HIT Plan Project

State Medicaid HIT Plan Project Timeline



Member Visioning Session

Overview:

A visioning session(s) with the member community will be conducted to obtain critical feedback from the beneficiaries of Health Information Technology.

Key Activities:

Conduct External Visioning session with Members

- Sessions will take place in the early May timeframe
- Visioning sessions will be no more than 4 hours in length
- As feasible, sessions will be conducted offsite and we will make a conference line available
- Additional information on scheduling Visioning sessions will be forthcoming

Action Needed: The following is our ask of MAC

- Identify participants and email the names along with their email addresses to Laura Lisien (laura.lisien@maine.gov)

Wrap-Up

Wrap-up

- **Key Take-Away:** Our ask of you is the following:
 - Visioning Session
 - Identify participants and email the names along with their email addresses to Laura Lisien (laura.lisien@maine.gov)
- **Questions?**

For additional questions, please contact:

Tony Marple, MaineCare Director
Email: Tony.Marple@maine.gov

Sally Fingar, SMHP Project Manager
Email: Sally.Fingar@maine.gov

Reference Materials

Meaningful Use Criteria

Introductory Notes:

The following slides contain the Stage 1 Meaningful Use Criteria for both Eligible Professionals and Hospitals and is meant to be used as reference material or to help answer specific questions regarding the criteria requirements and data to be tracked via HIT. Additional information on HIT and the Incentive Payment Program can be found at:

- **The ONC Website:**

<http://healthit.hhs.gov/portal/server.pt>

- **The CMS Website:**

http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage

- **The Electronic Health Record Incentive Program Proposed Rule:**

<http://www.cms.hhs.gov/Recovery/Downloads/CMS-2009-0117-0002.pdf>

Stage 1 Criteria for Meaningful Use

Health Outcome # 1	<ul style="list-style-type: none"> ▪ <u>Improving quality, safety, efficiency, and reducing health disparities</u> ▪ Care goals: <ol style="list-style-type: none"> 1. Provide access to comprehensive patient health data for patient’s health care team 2. Use evidence-based order sets and CPOE 3. Apply clinical decision support at the point of care 4. Generate lists of patients who need care and use them to reach out to patients 5. Report information for quality and public reporting
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Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Use CPOE	Use CPOE for orders (any type) directly entered by authorizing provider (e.g. MD, DO, RN, PA, NP)	For EPs, CPOE is used for at least 80% of all orders. For eligible hospitals, CPOE is used for 10% of all orders
Implement drug-drug, drug-allergy, drug-formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks	The EP/ EH has enabled this functionality
Maintain an up-to-date problem list of current & active diagnoses based on ICD-9-CM or SNOMED CT	Maintain an up-to-date problem list of current & active diagnoses based on ICD-9-CM or SNOMED CT	At least 80% of all unique patients seen by the EP or admitted to the EH have at least one entry or an indication of “none” recorded as structured data
Generate and transmit permissible prescriptions electronically (eRX)		At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Maintain active medication list	Maintain active medication list	At least 80% of all unique patients seen by the EP or admitted to the EH have at least one entry (or indication of “none” if pt is not currently prescribed medication) recorded as structured data
Maintain active allergy list	Maintain active allergy list	At least 80% of all unique pts seen by the EP or admitted to the EH have at least one entry (or indication of “none” if pt has no med allergies) recorded as structured data
Record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth	Record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date & cause of death in the event of mortality	At least 80% of all unique patients seen by the EP or admitted to the EH have demographics recorded as structured data

Stage 1 Criteria for Meaningful Use, cont'd.

Health Outcome # 2

- **Engage patients and families in their health care**
- **Care goals:**
 1. Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours
	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP		At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information
Provide clinical summaries for patients for each office visit		Clinical summaries are provided for at least 80% of all office visits

Stage 1 Criteria for Meaningful Use, cont'd.

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Record & chart changes in vital signs: height, weight, BP, BMI, plot & display growth charts for children 2-20 years, including BMI	Record & chart changes in vital signs: height, weight, BP, BMI, plot & display growth charts for children 2-20 years, including BMI	For at least 80% of all unique pts age 2 and over seen by the EP or admitted to the EH, record BP and BMI; additionally plot growth chart for children age 2-20
Record smoking status for patients 13 yrs old or older	Record smoking status for patients 13 yrs old or older	At least 80% of all unique patients 12 yrs old or older seen by the EP or admitted to the EH have "smoking status" recorded
Incorporate clinical lab-test results into EHR as structured data	Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, & outreach	Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, & outreach	Generate at least one report listing patients of the EP or EH with a specific condition
Report ambulatory quality measures to CMS or the States	Report hospital quality measures to CMS or the States	For 2011, provide aggregate numerator & denominator through attestation as discussed in section II (A) (3) of this proposed rule. For 2012, electronically submit measures as discussed in section II (A)(3) of this proposed rule
Send reminders to patients per patient preference for preventative/ f/up care		Reminder sent to at least 50% of all unique pts seen by the EP age 50 or over
Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, & ability to track compliance w/ those rules	Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, & ability to track compliance w/ those rules	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/EH is responsible for as described in section II (A)(3)
Check insurance eligibility electronically from public/private payers	Check insurance eligibility electronically from public/private payers	Insurance eligibility checked electronically for at least 80% of all unique pts seen by the EP or EH
Submit claims electronically to public/private payers	Submit claims electronically to public/private payers	At least 80% of all claims filed electronically by the EP or EHR

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 3

- **Improve care coordination**
- **Care goals:**
 1. Exchange meaningful clinical information among professional health care team

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care
Provide summary care record for each transition of care and referral	Provide summary care record for each transition of care and referral	Provide summary of care record for at least 80% of transitions of care and referrals

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 4

- **Improve population and public health**
- **Care goals:**
 1. Communicate with public health agencies

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Capability to submit electronic data to Immunization registries and actual submission where required and accepted	Capability to submit electronic data to Immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries
	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or EH submits such information have the capacity to receive the information electronically)

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 5

- **Ensure adequate privacy & security protections for personal health information**
- **Care goals:**
 1. Ensure privacy & security protections for confidential information through operating policies, procedures, & technologies & compliance w/ applicable law
 2. Provide transparency of data sharing to patient

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary