Maine State Innovation Model: The Operations Plan for Sustainable Health Care Reform

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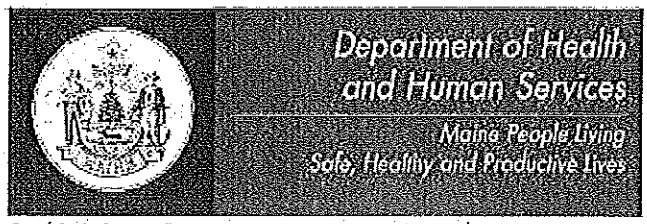

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conditions, respiratory conditions, prevention and screening, pediatric care, behavioral health, and medication management.

Measurement using Clinical Data

- The HIE data warehouse will be used to support dashboards for MaineCare patients, generating quality metrics that will be determined for Behavioral Health, and linking clinical and claims data for cost/outcomes analysis.
- Measures are being reviewed across the SIM project to assure alignment with federally funded programs and Health Home/PMCH pilots
- Reporting timeframes will be determined by the SIM Steering Committee

E. HIT Infrastructure Alignment

Refer to DRR Section E: Alignment with State HIT Plans and Existing HIT Infrastructure

Supporting Documentation Available:

E1) HIT Steering Committee (HITSC) minutes and activities at www.maine.gov/hit;

E2) HealthInfoNet (HIN) website: http://www.hinfonet.org

E3) Business Associate Agreement MHMC & MaineCare (See SECTION H Documentation)

E4) Business Associate Agreement MQF & MaineCare (See SECTION H Documentation)

13. HIT Investments

Maine has made great strides in the use and adoption of Health Information Technology (HIT). Spearheading many of the coordination efforts for HIT are the Office of the State Coordinator for Health Information Technology (OSC), the MaineCare Meaningful Use HIT Program and HealthInfoNet (HIN) – the not-for-profit statewide health information exchange (HIE) organization. The Maine OSC is currently the recipient of the State HIE Cooperative Agreement from the Office of the National Coordinator for HIT (ONC). The OSC supports and convenes the statewide HIT Steering Committee (HITSC) and a number of governance committees for HIT efforts across the state. The OSC, in partnership with Maine's health care and consumer stakeholder community, released the first draft of its HIT Strategic and Operational Plan and received ONC approval of those activities in October of 2010. This plan represents the framework from which the State has continued its successful strategies to support the adoption of electronic health records (EHRs) and HIE.

HealthInfoNet, the designated statewide HIE and the recipient of the Regional Extension Center Cooperative Agreement from ONC, is a non-profit organization with a community Board of Directors that has been operationally exchanging clinical health data since 2008 to support care coordination across the State. These and other HIT efforts around the state serve as the

foundation for achieving the goals of the SIM Grant and expanding the breadth and capability of HIT to improve health care effectiveness statewide.

Maine's HIT History and Current Strategies to Continued Success through SIM

The success of HIT adoption in Maine has been predicated on the perspective that HIT is not an end but a means to support the advancement of higher quality health care while maintaining a fair and appropriate cost structure. As such, the strategies taken to support adoption of technology have and continue to focus on the needs of the stakeholders and a market-driven approach to build buy-in.

Since 2010 the HIT Steering Committee (HITSC) has been meeting monthly. This group includes representation from all health care stakeholders including the behavioral health care community. HITSC minutes and activities can be found at http://www.maine.gov/hit. The HITSC provides direction to the OSC on policy and work plan decisions as well as feedback to all other stakeholders as strategies to support HIT adoption and use are explored. The HITSC and OSC are also advised by subcommittees for specific issues like statewide health care data planning and inclusion of sensitive health information in the health information exchange.

For example, a subcommittee – called the Legal Workgroup - comprised of health care lawyers, state agency representatives, advocacy groups including the Maine Civil Liberty Union, and behavioral health care providers advised the OSC on a bill to include mental health and HIV information in the HIE brought forward to the legislature in 2011 and passed into law June of 2011. This group continues to meet to discuss pressing legal issues in the state such as the legal requirements for the All Payer Claims Database, data use and the regulation responsibilities of the State of Maine over the State Designated HIE. The OSC works closely with HIN (see http://www.hinfonet.org). HIN has developed and manages the HIE technical and governance activities, including its Community Board of Directors, the Consumer Advisory Committee and the Technical and Provider Practice Committees. HIN also serves as the Maine Regional Extension Center (MEREC) and was the technology partner to the Bangor Beacon Community also funded by the ONC.

Since 2004 Maine has moved forward to promote the adoption of EMRs, establish one of the nation's first operational statewide electronic HIEs, and bring an ever-widening array of providers into the exchange to improve the coordination, integration and quality of patient care. Central to this strategy has been a longstanding priority to support the collaborative engagement of providers from the behavioral and physical health sector, and consumers, so the use and level of deployment of HIT enhances care at the patient and provider level. This integrated vision has guided the development of HIN since its inception. HIN has rapidly expanded, and today its secure database includes records for approximately 1.2 million (~84%)

of Maine's 1.3 million residents. The HITECH Act and subsequent award of the HIE Cooperative Agreement to the State of Maine, the Regional Extension Center to HIN, and the Beacon Community Grant to Eastern Maine HealthCare Systems have also accelerated HIE activities.

A board of directors and several standing committees governs HIN. From the beginning, the organization has received strong support from the provider community. The Technical Provider and Practice Advisory Committee (TPPAC) comprised of hospital and practice IT professionals, clinicians, and health plans has worked closely with HIN to design an exchange that meets the needs of all of Maine – Integrated Delivery Networks, independent providers, urban and rural areas, and all levels of technology capacity. This technical design – a centralized repository model – fits the needs of the state in having aggregated standardized data to support its health care improvement initiatives such as the SIM grant.

Using the HIE network, providers share standardized data such as demographics, visit history and encounters, allergies, immunizations, prescriptions, medical conditions/diagnoses, procedures, lab and test results, operative reports, radiology results, and other documents. In an emergency, this information helps providers quickly and more accurately diagnose and treat patients. In non-emergency situations it supports decreased ordering of redundant tests and gives providers a more complete picture of their patients' care including medications and treatment provided in other settings. From a population health perspective, database serves as a tool for authorized users to look at population health, trends, and health system efficiencies.

As part of the SIM project, HIN will work with Medicaid to deliver a Medicaid "dashboard" that can show health care utilization, distribution of patients, chronic disease and co-morbid conditions for MaineCare to have a better understanding of their population. This activity will begin in October of 2013 and continue throughout the project. The dashboard will be populated by clinical data from EHRs for patients who receive Medicaid benefits. The dashboard will include population-based views of the Medicaid population with specific capabilities to analyze the data through population, demographic, disease state, risk and other filters. In addition HIN will deliver real-time notifications to MaineCare care management staff and care management staff at Hospital and PCMH organizations when someone with MaineCare coverage is admitted or discharged from an ED or IP setting. This activity will begin in the summer of 2013. MaineCare will submit to HIN on a monthly basis an eligibility file that HIN will upload into the HIE architecture. This will allow for automated triggering of email alerts and the inclusion of Medicaid members into the HIN dashboard.

To support the current the statewide ED Care Management Initiative Pilot, HIN in partnership with MaineCare and the participants of the HIE , will deploy near real time notifications to payer and provider care managers when identified residents receive services at Maine EDs and IP settings. HIN currently has real-time connections to 34 Maine hospitals, with the goal to have

all hospitals connected to the HIE by the end of 2013. This will allow for accurate and timely identification of emergency department use that can be used for active intervention by care management staff. This strategy is widely supported by MaineCare, the ACOs, and private insurers, and represents a true value-add that only the HIE can perform effectively statewide.

Data Elements Collected by Maine's HIE and Participation in the HIE

HealthInfoNet currently collects data elements that form the basis of a national standard for transitions of care - the Continuity of Care Record (CCR) and Continuity of Care Document (CCD). Data elements include patient demographics, encounter/visit history, diagnoses, conditions, problem list, procedures, allergies, radiology reports, transcribed documents, laboratory results, immunizations, vital signs, and medication information (commercial, Medicare and Medicaid). Over time the data collected by HIN has expanded to represent the needs of the health care stakeholders in the State. In 2010, with the Bangor Beacon Project and to support Meaningful Use, HIN began collecting immunization information and all secondary diagnoses. More recently HIN has begun to collect insurer information and other data elements to support ACO and other activities. HIE tools operated by HIN were purposely chosen to be flexible, allowing all healthcare stakeholders to participate and be amenable to an array of messaging standards – such as HL7, CCR, CCD, REST, Direct.

As noted, in mid-2013, 34 Maine hospitals are sending data to the HIE, and the remaining four (there are 38 Acute care hospitals in Maine) are in the process of setting up their interfaces, with an anticipated go-live on the HIE before the end of 2013. The HIE currently charges $1,000 per bed for hospitals and between$200 and $600 per prescribing prescriber per year for access to the exchange. As adoption has increased and the Maine Regional Extension Center (described below) has worked with individual practices, it has been found that while the HIE adds value, due to the low payment rates for behavioral health providers, cost remains an issue. To help to defray this for behavioral health providers, Maine will use the SIM funds to cover the interface and annual connection costs for up to 25 behavioral health organizations statewide beginning in January 2014.

HIE Use for Public and Population Health

Use of information in the HIE by providers promotes stronger coordination of care across all settings, reduces unnecessary and/or duplicative medical testing, lowers costs and provides greater quality care for Maine's population. The exchange also incorporates automated laboratory result reporting to the Maine CDC (Maine's public health authority) for 30 of the 72 diseases mandated for reporting by the State. Moreover, HIN is able to leverage its laboratory reporting activities and a relationship with the statewide Immunization Registry (Immpact II) to support participating providers in meeting the public health requirements of the CMS

Meaningful Use of HIT incentive program. These functions form the basis for an evolving public health information infrastructure that will inform population health and emergency planning efforts in Maine into the future.

Recently, HIN has also been working with the federal CDC in a demonstration initiative to validate that population health reporting can be achieved using a statewide HIE and an ONC-funded population health tool - popHealth. To date, the demonstration effort has successfully populated fourteen of the Stage 1 Meaningful Use quality measures. This work with the popHealth analytical tool has expanded HIN's experience in managing large databases to support analytical reporting and has served as a foundation for the development of a HIE data warehouse in 2013.

As part of the SIM activities, HIN will make this data warehouse available to MaineCare as a "dashboard" to understand the clinical and utilization statistics related to the Medicaid population. In addition, these tools will be used to support the clinical quality measures that are developed as part of the SIM Data and Analytics Subcommittee. The initial dashboard (described above) will be made available to MaineCare in October of 2013.

Medicaid, Meaningful Use EHR Incentives, and HIE

Maine has defined a coordinated and workable plan for incorporating prior investments in HIT and improving its deployment and use. Maine recognized the integral relationships fostered by the HITECH Act and continuing as a theme for emerging initiatives such as the SIM and Health Homes.

Maine's Meaningful Use Program was implemented in October 2011. In the first eighteen months of the program, over 2,636 payments totaling $71,259,575 have been paid to Maine Medicaid eligible professionals (EPs) and eligible hospitals (EHs). Maine was recognized as the first state in the nation to have all of its EHs participate in the Meaningful Use Program, and Maine had the highest percentage of EPs in the nation who received their first year payment. This success was due in large part to the collaboration and recognition of the benefits of having a coordinated statewide HIT effort that spans across all programs.

Maine's OMS HIT program is overseen by the State's Director of the Office of State Coordinator for HIT (OSC) housed in Maine's Medicaid agency. The OSC reports directly to the Deputy Director of the Medicaid Agency. Having the OSC and Meaningful Use functions in the same office enhances coordination of HIT efforts across program and agency lines. The OSC has an approved State HIT Plan with a multi-stakeholder steering committee that provides input and feedback. This framework has resulted in a collaborative partnership for all of the State's HIT initiatives.

The State used this foundation to formulate Goals, Objectives and Needs reflective of the federal and State-wide HIT/HIE efforts, including SIM:

Goal 1. HIT Initiative Integration Benefits

Recognizing the needs and benefits that a multi-dimensional approach to HIT affords to improve quality and health outcomes, payment reforms, ensure accurate program costs and efficiencies, and which the HITECH Act and/or Stage 2 and future stages of Meaningful Use (as defined by CMS) promotes and/or requires, the State will institute system improvements and enhance frameworks and governance of HIT programs including provider participation, exchange, and reporting of clinical, claims, and Meaningful Use data.

Key Objective: By 2016, all HITECH Act, State and DHHS-specific health care programs that use Health Information Technology, will be intrinsically linked through State alignment, coordination, and oversight of clinical, claims, and quality measures reporting and use to improve health outcomes, costs and quality.

Key Needs:

- Continue to use the collaborative efforts between CMS, ONC, MaineCare, the Maine Health Data Organization and its All Payer/All Claims Database, the OSC, Maine REC, HealthInfoNet, DHHS, Maine's Office of Information Technology, Maine's CDC, Maine's HIE, and private stakeholders for multi-stakeholder input for priority-setting and coordinating operation processes supporting the MaineCare EHR Incentive Program;
- Continue the work that the State has begun to institute system improvements and enhance frameworks and governance of HIT programs including provider participation, exchange, and reporting of clinical, claims, and Meaningful Use data to meet Goal 1 and Goal 1 Key Objective.
- Coordinate all HIT initiatives between health care settings to avoid duplication of efforts and to allow federal and State resources and lessons learned to be used to improve health outcomes;
- Partner with existing EHR adoption and implementation efforts currently underway by providers to coordinate State HIT initiatives, including the administration of the EHR MU Incentive Program;
- Undertake efforts to collaborate with new and emerging Maine Medicaid programs such as Health Homes and Maine's SIM and IHOC grants to expand use of HIT and Meaningful Use measures, and the use of the State's HIE and APCD clinical and claims data to improve quality, costs, and health outcomes.

- Efficiently use funding to optimize the benefits of HIT by coordinating and aligning health and quality data assurance programs.

Goal 2. Privacy and Security Benefits

MaineCare will build public trust and enhance participation in HIT and electronic exchange of protected health information by incorporating privacy and security solutions and appropriate legislation, regulations, and processes in every phase of its development, adoption and use data, including claims and clinical health care data.

Key Objective: By 2016, MaineCare will facilitate electronic exchange, access, and use of electronic protected health information, while maintaining the privacy and security of patient, provider and clearinghouse health information through the advancement of privacy and security legislation, policies, principles, procedures and protections for protected health information that is created, maintained, received or transmitted.

Key Needs

- Update the State's inventory of existing privacy and security standards and practices including HIPAA and other Federal and State-specific laws within MaineCare to develop a comprehensive HIPAA and HITECH compliant program.
- Establish administrative, physical and technical privacy and security protections in accordance with industry business best-practices for all protected health information within MaineCare's HIT systems, the State's HIE, and other State systems.
- Continue collaboration with the OSC, which allows the State's HIE to participate in new and emerging MaineCare and HIT initiatives using practices and safeguards that ensure that health care discrimination does not occur while using health care data to improve all patient care, cost, quality and outcomes.

Goal 3. Communication, Education and Outreach Benefits

MaineCare will aid in transforming the current health care delivery system into a high performing health information exchange system by establishing and implementing robust communication, education, and outreach plans to promote wide-spread EHR, Meaningful Use, and exchange among MaineCare providers and inform Members about the benefits of health information technology.

Key Objective: By 2016, MaineCare will have highly promoted the national and State HIT efforts to improve health outcomes through the use of electronic health information tools by developing and implementing comprehensive communication and training programs for State decision makers, staff, providers, citizens of Maine and stakeholders.

Key Needs:

- Continue communication strategies to assist providers in understanding the HITECH Act and Meaningful Use requirements so that the benefits of HIT may be realized by coordination with existing Hospital and Provider Association communication channels.
- Continue outreach and training programs for DHHS decision makers, MaineCare management, State staff, and the Maine Regional Extension Center so that they may educate providers and Members about the benefits of HIT and provide Member education on HIT to empower them to effectively make decisions about health information in an informed manner.

Goal 4. Infrastructure and Systems Integration Benefits

The MaineCare MU program will advance the provision of services that are client-centered to improve health outcomes, quality, patient safety, engagement, care coordination, and efficiency and reduce operating costs by eliminating duplication of data costs through the promotion of adoption and Meaningful Use of HIT.

Key Objective: By 2016, all MaineCare Members will be managed by DHHS and providers who have secure access to health related information within a connected health care system using data and technology standards that enable movement, exchange, and use of electronic health care claims, clinical, and other information to support patient and population-oriented health care needs and which meet Meaningful Use requirements and promote future Stages of MU as defined and implemented by CMS.

Key Needs:

- Continue with efforts for a single point of entry for providers and use of a common identifier to improve access to health information in State systems for the purposes of research, determining patterns of care, improving quality and patient experience, ensuring accuracy of costs and claims information, and other efficiencies. Any solution to the single point of entry project must result in an inter-operable system or solution that can connect to the State designated HIE, CDC, and APCD as determined by the OSC, MaineCare program, and in accord with CMS rules and regulations. The solution must consider the feasibility of creating a two-way data flow between provider and State systems including, but not limited to, the MIHMS Claims Database; the IMMPACT 2- Web- based Immunization Information System; CDC Special Registries; the State's Meaningful Use system; and the State's designated HIE - HealthInfoNet.

- Develop and implement rules, policies and procedures, and system enhancements where needed, to the State's registration, attestation and payment systems for Eligible Professionals and Hospitals (if Medicaid only) for Meaningful Use reporting (as defined by CMS); quality and cost improvement measures, including the exchange, use, and reporting of health care data under MaineCare initiatives.
- Continue to work collaboratively with the State's CDC and EHs to conduct the necessary tests and interfaces to allow EHs to meet ELR MU reporting; and with EPs and EHs to meet Stage 2 requirements for reporting of CDC health population reports for immunization, cancer, lead, and other special registries.
- Provide outreach and education, stakeholder forums, and other efforts to educate MaineCare Members of their ability to obtain their personal health records electronically, and how to use this information to improve health outcomes and quality of care.
- Continue to build common individual identifier (e.g., Master Client Index) technology tools in an integrated manner to allow for continuity of care for individual MaineCare Members and to aid in better understanding population health including linking Member information across Maine Departments such as Corrections and Education.
- Remove data silos in State systems for program offices to have access to data collected and managed commonly across DHHS to better serve clients, through continued communications among agencies with a coordinated focus on using existing systems and infrastructure rather than building redundant or less efficient systems.
- Coordinate the clinical quality measures gathered by DHHS to ensure that CHIPRA, Meaningful Use, and all other clinical quality measures are coordinated to appropriately address populations with unique needs, such as children.
- Continue efforts to collect and disburse data in a standardized manner to promote the use of evidence-based protocols for clinical decisions.
- Participate in new Medicaid programs such as Health Homes and Maine's SIM and IHOC grants to establish HIT and MU measures requirements, including use of the State's HIE and APCD clinical and claims data, to improve quality, costs, and outcomes.

Much of the success of the MaineCare Meaningful Use Program can be attributed to our federal CMS partners who approved funding for the development and implementation of Maine's Program. Recently CMS has approved administrative funding for new and emerging initiatives

such as electronic lab reporting from hospitals to MECDC, system upgrades to meet Stage 2 Meaningful Use requirements, collaborative efforts with the State's broadband authority for provider surveys and identification of potential funding opportunities, and other valuable projects.

Other OMS HIT Program projects that are being planned to complement the SIM grant to include:

- A request under the Meaningful Use Program for an appropriate allocation of funding for specialty registry reporting to the CDC required under Stage 2 Meaningful Use which will provide analytic tools for diseases such as cancer and diabetes, which will further increase the use of the HIE statewide;
- A request for an allocation of funding under the Meaningful Use Program for enhancing the Statewide HIE, which will dovetail well with the SIM goals and will enable Maine providers to meet important programmatic standards that will help inform mechanisms to reduce costs and improve quality of care;
- In conjunction with the State's broadband agency (see below), use the Meaningful Use program provider survey conducted in early 2013 to determine the use of EHRs and Internet capacity as a baseline to identify gaps and potential funding for providers to meet Stage 2 Meaningful Use requirements and participate in emerging tele-health initiatives.

Support for Behavioral Health Integration with HIT Efforts in Maine

State agencies serving those with behavioral and substance abuse problems support HIT integration and are involved in the work of HIN. The Office of Adult Mental Health is engaged in several initiatives related to the integration behavioral health and primary care. Statewide exchange of relevant information is especially critical for persons with serious and persistent mental illness (SPMI). Those with SPMI die on average 25 years prior to their age peers, due primarily to unmet physical health conditions. Maine has been on the cutting edge of tracking and analyzing these data and developing programs to reverse this trend.

Shared EHRs are key to successful interventions. The Office of Substance Abuse and Mental Health Services (SAMHS) works with its contract agencies to improve the efficiencies and effectiveness of patient-centered substance abuse care. In 2011 SAMHS representatives were part of a statewide stakeholder process that generated a work plan and tools to support the integration of behavioral health information into the statewide HIE. SAMHS is also engaged in several initiatives related to the integration and exchange of health information as a tool to improve quality access to coordinated care for persons needing substance abuse services.

SAMHS's value-based contracting principles encourage providers to coordinate care with mental health and physical health services and EHRs and HIE are critical to this successful coordination.

In addition to these activities in 2012 HIN was awarded, on behalf of the State of Maine, the SAMHSA/HRSA funded Center for Integrated Health Solutions (CIHS) cooperative agreement. Maine's project represents three major collaborators - The Office of the State Coordinator for Health Information Technology, HealthInfoNet, and The Hanley Center for Health Leadership. It also represents a wide range of private and public partners – including SAMHS - who over the project period have been and continue to be engaged in integrating behavioral health and primary care health information technology with providers statewide, through the HIE. This project continues the efforts of Maine's health care stakeholders to make behavioral health and primary care integration the norm rather than the exception.

SIM is going to continue these important behavioral health integration activities to promote technology access across all behavioral health providers, while the State has the capacity to continuously work with consumers to help them understand the value and risks of these technologies. This work will assure that successful convening efforts of the behavioral health and primary care communities continues to break down both perceived and real barriers to integration and serve as a national model for dissemination.

Twenty-five Behavioral Health Organizations' HIE costs will be subsidized by the SIM grant. The HIE costs of twenty-five behavioral health organizations will be subsidized by the SIM grant. Twenty will participate in an RFP process to be eligible for up to $70,000 as they implement/ upgrade their EHR, connect to the HIE, and participate in electronic quality measurement programs. Organizations will be chosen for program participation through an RFP being released by HIN in the fall of 2013.

SAMHS and HIN, working under another SAMHSA grant, are creating a single-sign-on link between the HIE and the Prescription Drug Monitoring Program (PDMP), with go-live scheduled for the late fall of 2013. The goal of the project is to promote a population-based focus on appropriate prescription drug use, while promoting higher quality care and reduced costs statewide. Using HIN as a means for providers to access the PDMP provides the opportunity to improve the use of both the PDMP and the HIE. Currently providers and pharmacists who use the PDMP must log onto a separate web-portal provided by the PDMP Vendor. With access to the PDMP included in HIN, the data will be available to providers in a workflow that is currently being promoted by the Federal Government through the CMS Meaningful Use of HIT Incentive programs, the State (through the Office of the State Coordinator for HIT and MaineCare), and provider organizations in Maine to improve the quality and effectiveness of care.

In addition, PDMP information will be available to providers and other authorized users in-context with the patient's clinical information – from all sources. In this way, providers, pharmacists and others authorized to access the PDMP through HIN will be able to quickly identify drug-shopping behavior and the appropriateness of the prescription medications being used based on the current medical history of the patient. This partnership will result in increased utilization of the PDMP program and the statewide HIE. Moreover, this integrated strategy will serve to support a comprehensive strategy by the State to leverage a secure, private, HIT structure, paid for by public and private stakeholders, to address the prescription drug problem in Maine, drive down overall health care costs and drive up quality and efficiency across the system.

14. Consumer Involvement in HIE and HIT

In addition to strong involvement by the provider community, HIN made a decision early on in its development to have a high level of participation by consumers. This level of consumer involvement is different than many other HIEs, but is an approach strongly supported by the HIN Board. The Consumer Advisory Committee is a HIN standing committee with representation from various organizations involved with consumers. The current membership of the HIN Consumer Advisory Committee includes citizens, consumer advocates, consumer organizations, legal experts, health educators, privacy officers, public health professionals, and interested parties with experience and expertise in consumer participation and privacy protection in health information technology systems. Some of the organizations represented include the Family Planning Association of Maine, Legal Services for the Elderly, Maine Center for Public Health, Maine Civil Liberties Union, Maine Disability Rights Center, Maine Health Management Coalition, Maine Network for Health, National Alliance For the Mentally Ill and the University of New England Health Literacy Center. The Committee, which is chaired by a member of the HIN Board, has been responsible for reviewing and advising on all policies and procedures related to the confidentiality of the HIN clinical data and the privacy protection for patients. It has addressed HIPAA and State law requirements, as well as other federal and State guidelines and initiatives, and public health data laws. This committee has been instrumental in the development of the opt-out provision for patient participation in HIN for general medical information and the opt-in provision, passed into state law in 2011, for mental health and HIV information.

It has been HIN's goal since inception to allow consumers to both view and communicate information to the HIE. This has become even more important as health reform initiatives are implemented. Building on its long standing commitment to the involvement of patients in the development of the HIE and provision for patient access to the Statewide HIE, HIN is working closely with consumers and providers to expand patient participation and management of their own health care by implementing consumer-facing technologies. To assess the successful

deployment of a comprehensive personal health record built upon a HIE model, HIN has met with health care providers, payers, government, and consumer stakeholders throughout 2012. In addition, a critical review of the proposed and now final rule for Meaningful Use Stage 2 was required. *The findings of this review pointed to six critical observations that have a significant impact on the statewide deployment of a HIE-based PHR:*

1) Meaningful Use requirements for Stage 2 have pushed health care providers and health care systems to a need for a tightly integrated patient portal solution with their EHR. The requirements for scheduling, messaging, and medication refill options for patients have focused most Maine providers' attention on their EHR vendors and integrated portals to meet Meaningful Use.

2) Many EMR-based portals are viewed by provider and consumer stakeholders as rudimentary in their ability to support all needs of patients. (a) They only include limited information; (b) The viewing portal is sometimes difficult to use and navigate through; (3) Access management presents difficulties.

3) EMRs have limited ability to accept discrete clinical data from other EMRs (CCDs are exchanged but as documents only) and therefore discrete data from other providers is not currently available in PHRs. This prevents consumers from having a true "community view" of their care between the hospital, their primary care provider and specialists.

4) EMR portals have limited ability to help the patient navigate other health care activities such as insurance eligibility, communications etc.

5) There have been identified needs for asynchronous communications from patients for care management purposes. Integrated EHR patient portals, while they do well for meeting the needs of individual practice and hospitals they are not conducive to the patient centered medical home care management model of care coordination.

6) There has been an identified need in the Maine community to support more transparency in both quality and cost for patients. While there are some options available today, patients would prefer a single place to access their health care information, communicate with providers, and make health care purchasing decisions.

As a result of these findings, HIN and the State have found that a longitudinal, patient-centric, payer and provider agnostic personal health record platform is needed to help engage patients in all of their health care needs. *As a part of the SIM activities, HealthInfoNet will make the statewide HIE record available to patients/consumers through their provider-based patient portals that are being implemented as a result of Meaningful-Use Stage 2.* HIN will be using the "blue-button" standards to deploy these tools – beginning as a pilot in October of 2013. These

tools will allow for information sharing with patients that supports real-time patient access to **all** of their clinical health information no matter where it is generated (PHR populated by the statewide HIE data).

HIT and HIE to Support ACO Efforts

In addition to managing the exchange, HIN has developed a clinical data warehouse environment to support data access and use. Exporting the HIE data to an analytic data warehouse will provide real time, high quality clinical data to assist in projecting health care utilization, treatment outcomes, and cost of identified patient cohorts – a necessary analysis for value-based purchasing, ACOs, and other health reform efforts. In 2012 HIN was awarded a grant by the Maine Health Access Foundation (MeHAF) to develop plans for the implementation of the data warehouse and to test the feasibility of linking the clinical data with Maine's All Payer Claims Database (APCD). This work provided the State and the Maine Health Data Organization (MHDO) – an independent State Government entity charged with oversight over the statewide APCD and rules and regulations regarding data collection, use, and release - with a detailed analysis of how the APCD data elements compare to the clinical data set including content and coding. The linkage feasibility study also provided HIN and the State with information on the strength of the identifying information in supporting valid linkages between the two databases. This study sets the foundation for the continued review and use of linked clinical and claims data to support the goals of the SIM grant.

The clinical data warehouse will also provide a statewide, shared resource for value-based purchasing initiatives and ACOs to use to meet the requirements to predict and measure the care provided to patients under this new model, including health outcomes, patient care treatment trends, and cost per patient. In addition the real-time nature of the HIE will allow the exchange to serve as a critical messaging engine to initiate care management processes that stakeholders need in order to promote better patient outcomes. *This work will complement the planned SIM work for payment and delivery system reform.* It has been recommended by the Commonwealth Commission that CMS should support: "Timely Monitoring, Data Feedback, and Technical Support for Improvement". This recommendation includes the development of robust information exchanges and standardized reports to provide ACOs with timely feedback on comparative results, support rapid-cycle improvements in quality and cost performance, and develop new knowledge on effective and efficient clinical practices. The HIE in partnership with the State will support the use of clinical data matched with claims data to support these initiatives.

Maine Regional Extension Center and EMR/Meaningful Use Adoption Supports

HealthInfoNet oversees the Maine Regional Extension Center (MEREC), which provides education and technical assistance to help providers select, implement, and achieve meaningful

use of certified EMRs. The MEREC is made up of a team of experienced local HIT professionals with intimate knowledge of the Maine health care community, and is part of a national network with access to a wealth of key information. It offers participating practices a wide range of services. Core services include: (1) EMR selection and implementation support; (2) Discounted pricing from pre-screened vendors; (3) HIE connection; (4) Low-interest loans offered in partnership with the Maine Health Access Foundation; (5) Quality improvement support in partnership with *Maine Quality Counts*; and (6) HIT & HIE Privacy and security best practices. In partnership with *Maine Quality Counts*, the MEREC has developed a quality and HIT coaching curriculum that is being deployed across the independent provider practices statewide (Approximately 145 practices). This curriculum is a model that is also being used for technical assistance to be delivered to provide similar QI support to BH providers in Maine. The goal is to provide both general EHR coaching activities *and* new topics related to behavioral health. Topics include: Using the HIE in the development of integrated health care plans for patients; Understanding how to use HIT to coordinate care for a Behavioral Health Home; Communicating with patients re: consent to include mental health information in the HIE; Using the HIE in behavioral health workflow; and Understanding State and Federal (42 CFR Part2) laws and policies concerning patient confidentiality and privacy related to sharing behavioral health information.

The MEREC and HIN have also been working with providers around the state to assess and collect information on the need for streamlined processes and HIT services. Many hospital, primary care and specialty (including behavioral health) providers have requested opportunities for shared services and shared learning opportunities to reduce their costs and administrative burden for complex HIT and HIE systems. Over the past 12 months, HIN has convened the hospital systems around the state and through an RFP process identified two vendors to serve as a vendor neutral shared electronic imaging archive managed by the HIE. In October 2012 HIN began a statewide pilot to demonstrate shared savings for use of a statewide archive rather than individual archives within each of the hospitals.

Similar efforts are underway in the behavioral health community. A number of Northern Maine community mental health providers, developed and are currently deploying a comprehensive EHR for five agencies – Day One, Charlotte White Center, Aroostook Mental Health Services, Opportunity Housing Inc., and Crisis and Counseling Centers. Their goal is to demonstrate how bringing unaffiliated organizations together to select and agree upon a common and limited set of reporting forms can result in cost saving through administrative streamlining. HIT integration is also proceeding in Southern Maine, where MaineHealth (Maine's largest integrated health care system), and the MaineHealth affiliated Maine Mental Health Partners (MMHP) are working to identify a single technology solution and an associated shared medical record across

their agencies. The MMHP network consists of Spring Harbor Hospital (a psychiatric facility), and three community mental health centers.

A subcommittee of the SAMHSA/HRSA project is currently charged with developing recommendations on addressing current and future barriers to EHR and HIT adoption by provider groups like behavioral health and long-term care (groups from which little funding from the CMS Meaningful Use program has been made available). SIM Grant Activates will be sought to continue these important convening efforts and to support these "un-incented" providers in adopting EHRs and HIT technologies that meet their needs.

Bangor Beacon HIE/HIT Efforts

HealthInfoNet and the OSC are currently working very closely with the federally funded Beacon Community project in the Bangor area. This project is focused on building a community based information exchange across many providers to support a more comprehensive approach to coordination of care and community involvement in providing high quality care while controlling cost. HIN is the exchange and data source. The work in building the capacity to serve as the data source for this initiative is very applicable to the broader efforts of establishing a statewide value-based data source. The Beacon Community's sustainability model is a true community-based ACO model, and the strategy to put technology in front has and will continue to serve as a model of data driven health care reform in the state.

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

In February 2010, Maine and Vermont were awarded a five-year child health quality improvement grant by CMS which focuses on using quality measures and HIT to improve health outcomes for children. The goal, to improve timely access to quality care for children who are insured by Medicaid or CHIP, is being accomplished by working to:

- Collect clinical and administrative data, test, and align child health measures across programs.
- Share quality data with payers, providers, consumers and the Centers for Medicaid and Medicare Services (CMS).
- Align the IHOC quality measures with those of private payers, professional groups, and MaineCare.
- Set up secure computer systems to collect well-child data from electronic medical records, the statewide HIE and from state government.
- Develop new, secure ways for health providers to access health assessments for children in foster care.

- Provide the American Academy of Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition, Tool and Resource Kit.
- Conduct quality improvement training with the Patient Centered Medical Home Pilot and other medical practices. The goal is to improve rates of preventive services.
- Build a child health quality improvement partnership that will continue after the grant ends.

The IHOC grant has entered its fourth year, a key period of implementation of HIT to include continued utilization of the HIE to build on the tremendous efforts to provide a lasting framework for quality health care and measurement of children's health. Particularly when coupled with HRSA's Early Childhood Comprehensive Systems grant that builds on the work of IHOC for integrated developmental screening, the SIM grant provides an opportunity for further activities incorporating lessons learned and developing a long-term strategy for meeting the Triple Aim goals and objectives for this population. The IHOC grant principals have been active participants in the OSC Steering Committee (HITSC) supporting the coordination of children's HIT efforts, and will continue to complement and help inform the SIM grant and other HIT initiatives.

HIT Work Force Initiatives

Federal funding under the HITECH Act, provided opportunities for Maine's Community College system to provide HIT Certificate Programs for students entering the work force. Maine's Community College system successfully graduated 230 students with HIT Certification. These graduates are entering the job market with the skills and ability to help the State and the nation transform the Health Information Technology work force.

Maine's OSC and MaineCare Meaningful Use Program, with federal funding under the OSC program, recently began a cooperative agreement to hire six graduates of the Kennebec Valley Community College. As a new program, despite the success that Maine has seen from its streamlined reporting processes, Maine's providers are challenged by exporting data from EHRs for Meaningful Use purposes. The graduates have been hired to assist up to 900 eligible professionals to meet attestation and reporting requirements under the Meaningful Use Program.

Providers who are assisted with meeting Meaning Use, but not yet participants in the HIE, will be referred to the HIE for education on the benefits of the exchange of health care data and assistance in participating in the HIE. These projects will enhance State HIT efforts, including the SIM grant goals and objectives, of having real-time data to improve health care delivery and patient experience.

ConnectME Authority—Broadband Capacity and Use

In 2006, Maine established the ConnectME Authority, an independent State agency governed by a public-private Board, to expand broadband capacity and use, particularly in unserved or under-served areas. Each year the Authority awards grants for projects that expand capacity to increase economic development, tele-health services, educational opportunities and improved health care. To date the Authority has awarded more than $9 million dollars for projects totaling in excess $17 million. The Authority administers a federal grant for mapping, planning, capacity building, and technical assistance.

The ConnectME Authority participates in the HITSC. As mentioned above, earlier this year, the OSC and the Authority engaged a vendor that conducts regular ongoing broadband mapping and surveys, to include 22 questions related to HIT, such as the use of EHRs, HIE, tele-health, broadband capacity for medical services requiring high-speed internet, etc. The survey results will provide baseline data that will be used to identify areas for broadband projects and mechanisms to improve the use of EHRs and meet Meaningful Use requirements. The results will also be shared with the quality and evaluation group under the SIM grant for further efforts to improve HIT and health care delivery.

The Federal Communications Commission (FCC) recently announced that it will provide up to $60 million nationwide for grants to improve tele-health for Long Term Care providers, home health, and hospice organizations. The OSC and representatives of the HITSC and HIE plan to develop three grant proposals to be submitted later this year:

1) An EHR project with the Long Term Care organizations in the State (including the Beacon program), to develop a transition of care electronic application to be used for patients discharged from hospitals or LTC facilities to promote a higher quality of care and experience for the patient, and an integration of care between providers. This project will also seek funding for infrastructure and subsidized internet rates.

2) A project in rural Maine to provide funding for paramedics who are often the first responders at an accident or incident at home; and

3) A tele-health project that will enable providers, particularly home health workers, to communicate electronically with hospitals and physicians; utilize electronic systems that enable health care systems to provide at-home care, such as ICU or surgery follow-up, care management and nursing services; and appropriate tele-health mental health or counseling services.

These three projects complement the SIM grant model to develop community service responses to health care that enable the elderly and others to remain in their homes or if long

term care is needed, allow health care providers to have access to accurate and timely information through the use of the HIE and new technologies.

As this Section demonstrates, the State of Maine takes a long-term integrated approach to Health Information Technology for today and the future. These efforts will benefit the SIM model by providing timely health care data--at the clinical, claims, and exchange and Meaningful Use levels--that enhance the State's ability to test and develop quality and efficient health care service delivery systems for payers, providers and patients.

G. Model Interventions

Refer to DRR Section G: Model Intervention, Implementation and Delivery
Supporting Documentation Available:

G1) MaineCare Health Homes SPA Final draft rule 07-18-2013
G2) Maine Draft ICM toolkit 3.4.1
G3) SPA 13-012 Approved letter 508 compliant July 2013
G4) ME 12-004 Health homes Approval letter Jan 2013
G5) LD 534 (To Improve Care Coordination For Mentally Ill)
G6) Maine Accountable Care Communities concept paper 8-14-2012
G7) Accountable Communities status update 07222013
G8) DRAFT Maine Benchmark PMPM Development Documentation 05-08-2013
G9) c2s091 (MaineCare Benefits Manual)
G10) c3s091 (MaineCare Benefits Manual)
G11) VBID Workgroup minutes 10-12-2012
G12) Approved SPA ME 12-004 (1)
G13) Approved SPA ME 12-004 (2)
G14) Draft Behavioral Health Homes SPA

15. State Policy and Regulatory Levers

Federal and State levers

MaineCare's Health Homes Initiative and multi-payer Primary Care Medical Home (PCMH) Pilot provide the foundation for the State's emphasis on Delivery System Reform under its SIM Grant proposal. The State of Maine has an approved State Plan Amendment (effective January 1, 2013) and operational state policy for its Health Homes Initiative (Section 2703 of the Affordable Care Act) targeting MaineCare members with chronic conditions. 75 of the 159 total Health Home primary care practice sites, together with the 10 Community Care Teams with which they partner to serve the highest need patients, also receive support from commercial payers (Anthem, Aetna, Harvard Pilgrim) and Medicare through Maine's Patient Centered