

Health Information Technology (HIT) and the Medicaid/CHIP Health Information Exchange (HIE) Advisory Committee

Joseph H. Schneider, MD

Chair, Medicaid/CHIP HIE Advisory Committee

Chair, TMA Committee on HIT

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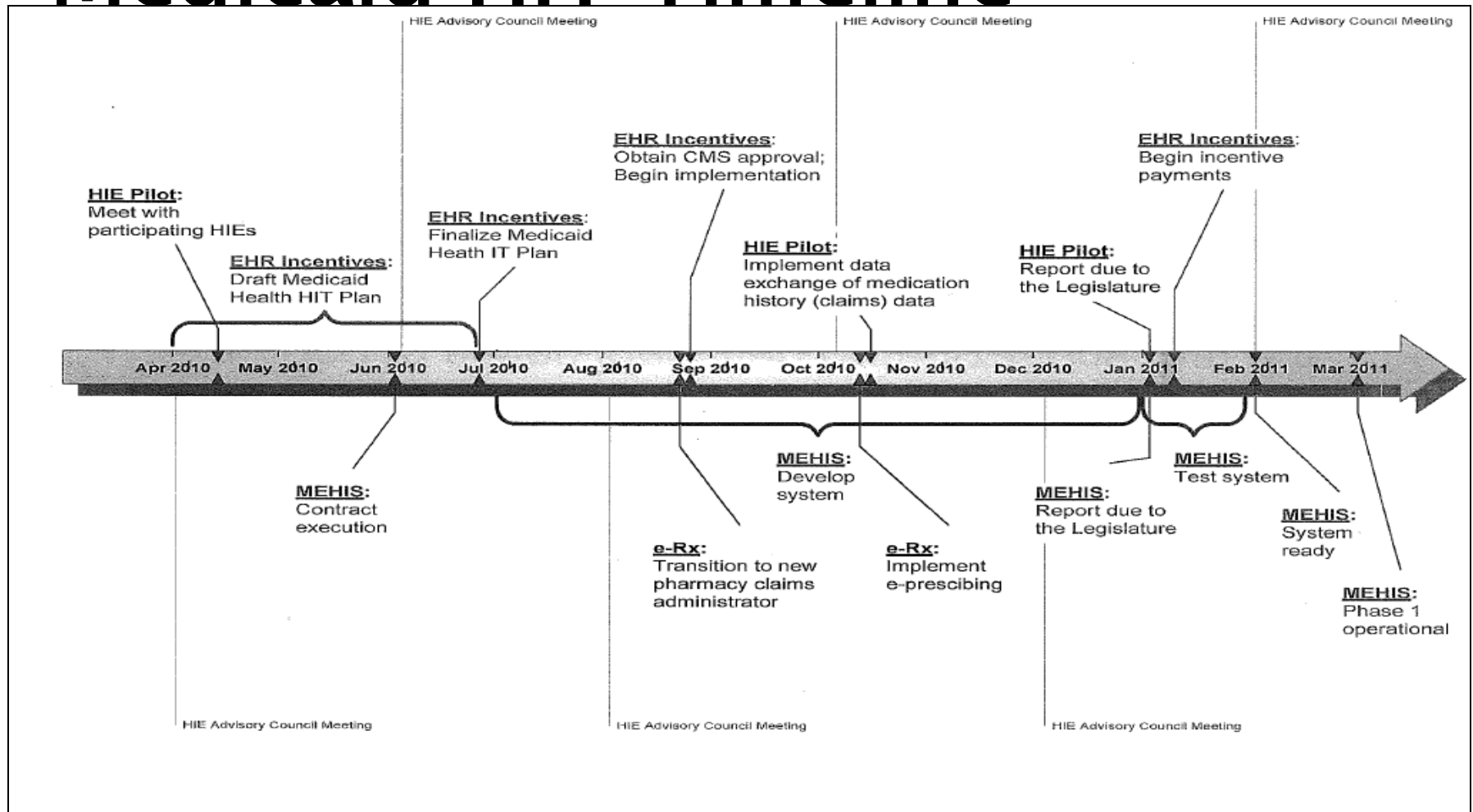
Objectives

- ✓ To discuss issues the Committee is addressing
- ✓ To provide an overview of implementation of the Medicaid/CHIP HIT/HIE, including a timeline
- ✓ Provide examples of information exchanged and how this might help or hinder Medicaid/CHIP providers
- ✓ Discuss the relationship with the Texas Health Services Authority to ensure Medicaid/CHIP HIE is “interoperable” with broader statewide health information exchange
- ✓ Discuss how Medicaid can advance HIT/HIE in Texas and provide a vision of the future of HIT in Texas

What Is The Committee Addressing?

- ✓ 11 member multidisciplinary panel formed under HB 1218, 81st legislature
- ✓ Advising HHSC on Medicaid:
 - e-prescribing
 - Health Information Exchange (HIE) pilot
 - Medicaid Health Information System (MEHIS)
 - Electronic Health Record (EHR) Meaningful Use Definition and Administration for ARRA funding
- ✓ Focus is systems usability, information security, data privacy/confidentiality, and “interoperability” – i.e., the ability to easily exchange data between systems.

Medicaid HIT Timeline



Sample Committee Agenda



Agenda

-
- | | |
|---------------|--|
| 10:00 - 10:30 | Welcome and Introductions |
| 10:30 - 11:00 | Status Updates <ul style="list-style-type: none">• Federal Activities• Electronic Prescribing Plan• Health Information Exchange Pilot |
| 11:00 - 12:00 | Discussion, Feedback and Public Comment: <ul style="list-style-type: none">• Medicaid Health Information Exchange Privacy Policy |
| 12:00 - 1:00 | Lunch |
| 1:00 - 2:30 | Discussion, Feedback and Public Comment: <ul style="list-style-type: none">• Medicaid Health Information Exchange System• Medicaid Electronic Health Record Incentive Program |
| 2:30 - 3:00 | Additional Public Comment and Meeting Wrap-Up |



E-prescribing (e-Rx)

- Medicaid e-RX program will get Medicaid formularies and medication history into e-prescribing programs
- Currently less than 5% of prescriptions are electronic in Texas (about 30th in the nation)
- Many roadblocks still exist:
 - Limited pharmacy acceptance among independents
 - DEA restrictions on Schedule II drugs
 - Handwritten signature requirement on some Medicaid prescriptions
 - Exceptions still difficult to handle (e.g., patient changes the pharmacy they will go to after prescription is sent)
 - Companies can withhold patient data from medication history without physicians knowing it is missing



Medicaid HIE pilot

- ✓ Initially limited to exchange of filled prescription history
- ✓ Additional information will be added but this should be replaced by MEHIS
- ✓ Seven HIEs are being offered the opportunity to participate

MEHIS – Initial Contents



Medicaid HIE System Data for Phase 1

Data	Data Source
Eligibility: Displays demographic information currently found on the paper Medicaid ID	HIPAA 270/271 eligibility transactions
Visit History: Displays claim-based record of each visit to a health care provider with date of service, diagnosis, and procedure(s) performed	Medicaid claims and encounter system
Medications: Displays claims-based record on all prescriptions filled	Medicaid Vendor Drug Program
Immunizations: Displays the list of a child's immunizations	Immunization Registry
Laboratory Results: Displays results of lab tests performed by the state lab, including test results associated with THSteps visits, newborn screening and lead screening	Dept of State Health Services Laboratory information systems
Texas Health Steps Reminders: Displays the established periodicity table for services using the client's birth date in relationship to an approved claim for identifying pending and past due Texas Health Steps appointments	Calculated field from claims and encounter data



MEHIS – Sample Issues (Privacy)



Medicaid HIE Privacy Policy

Results of state survey regarding consent options:

- 3 states do not obtain client consent to release PHI (Indiana, North Carolina, and Arizona).
- 2 states require providers to obtain consent via opt-in (New York and Florida).
- 1 state makes consent automatic with enrollment; no option to opt-out (Massachusetts).
- 3 states make consent automatic with enrollment, but do provide option to opt-out (South Carolina, Alabama, and Tennessee).

MEHIS – Sample Issue (Identification)

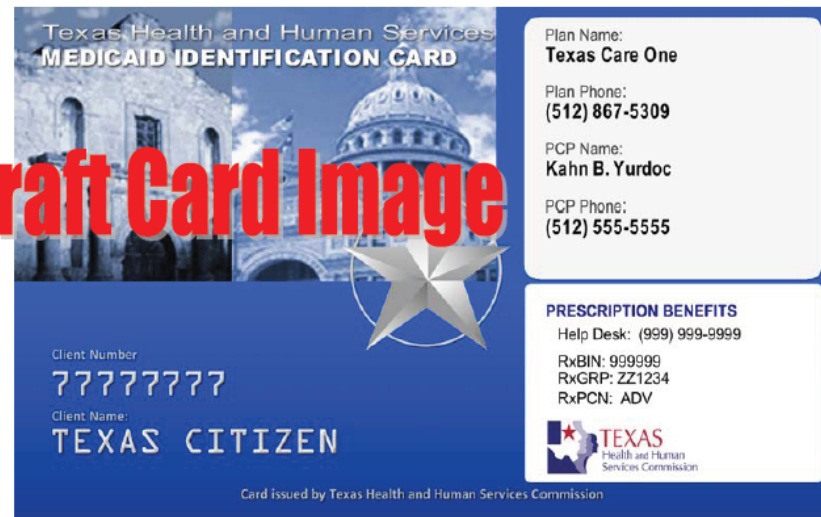


Medicaid HIE System Medicaid ID Card

Information on the card will include:

- Cardholder information
- Plan information
- Primary care physician information
- Prescription drug benefit information

Draft Card Image



Will MEHIS Help Physicians?

- ✓ Medicaid data is not a complete picture, which can be a patient safety problem
- ✓ Claims data can be old and overlapping
- ✓ Separate and incomplete information is often ignored because of access/workflow issues
- ✓ Best solution is if MEHIS data is:
 - Either supplemented by external data or transmitted to other HIEs
 - Incorporated directly into the provider's EMR
 - Seen as a data repository rather than an HIE

What Is “Meaningful Use”?

- ✓ Using certified EHR technology
- ✓ E-prescribing (ambulatory only)
- ✓ Interoperability
- ✓ Clinical quality measure reporting



Caution:

“Meaningful Use” Is Not Necessarily Meaningful Care



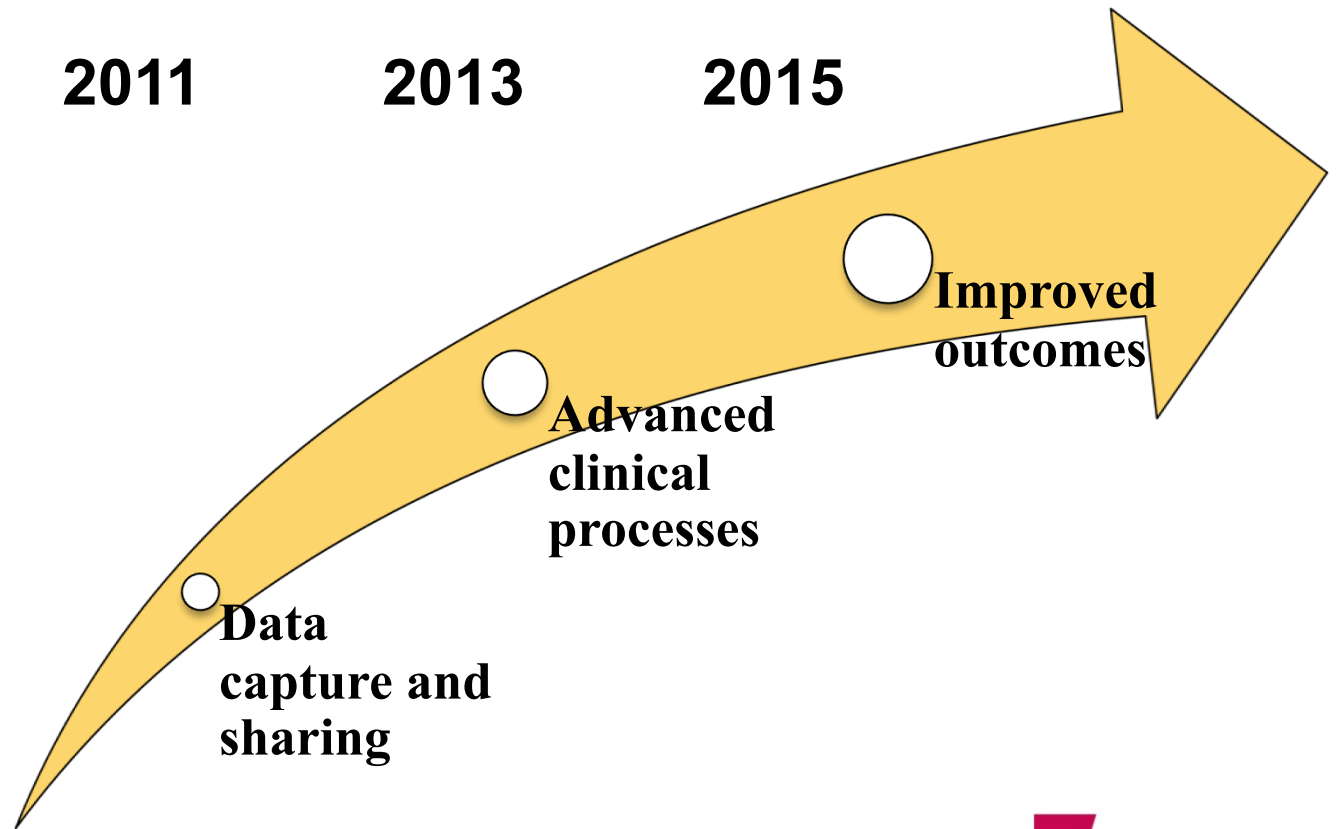
Evolving Meaningful Use Criteria

2009

2011

2013

2015



Who Is Eligible?

- Medicare: Includes MDs, DOs, dentists, podiatrists, optometrists, and chiropractors.
- Medicaid: Same as Medicare, plus nurse-midwives, nurse practitioners, and physician assistants.

Who Is Ineligible?

- Hospital-based physicians (e.g., pathologists, emergency room docs, or anesthesiologists).
- Long-term care physicians.
- Physicians who don't take Medicare or enough Medicaid to qualify. CHIP does not count towards qualification.

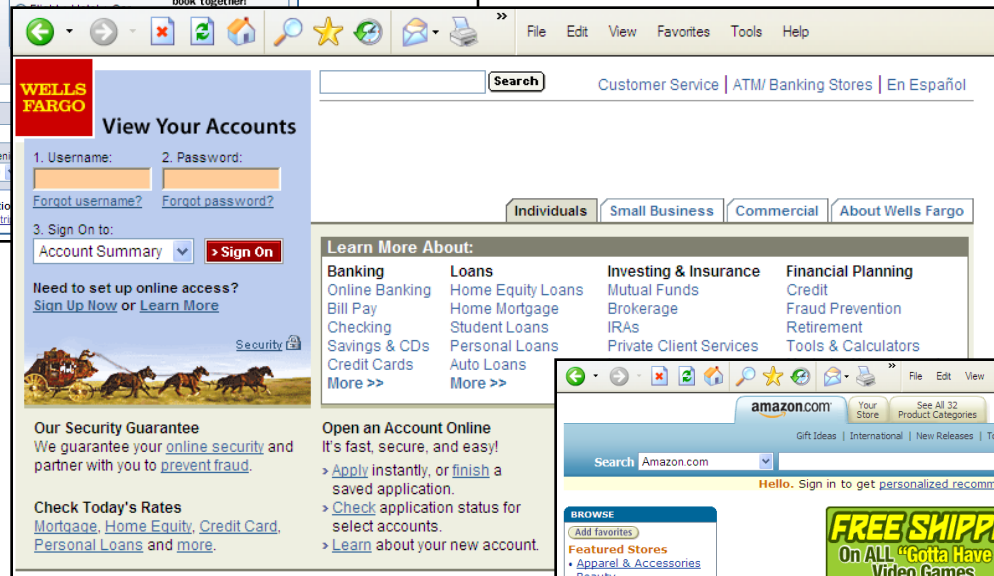
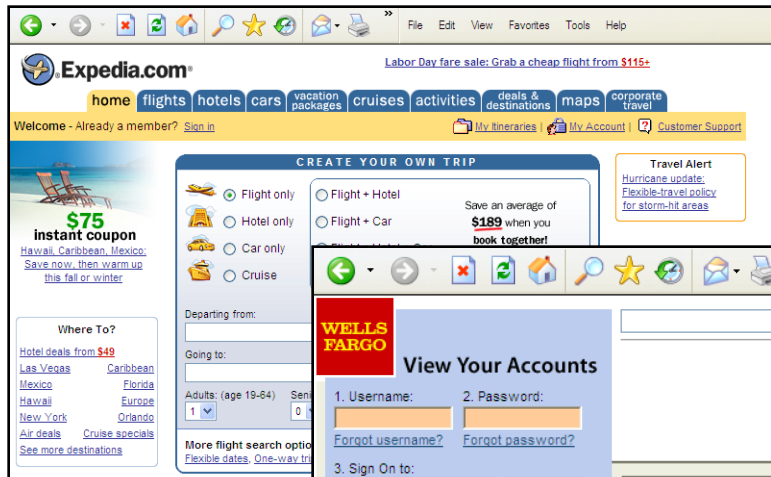
Medicaid Incentives

- Eligible physicians (including pediatricians) with 30 percent Medicaid can receive up to \$63,750 over five years.
- Eligible pediatricians with at least 20 percent Medicaid can receive up to \$42,500 over five years.

Medicaid Payments

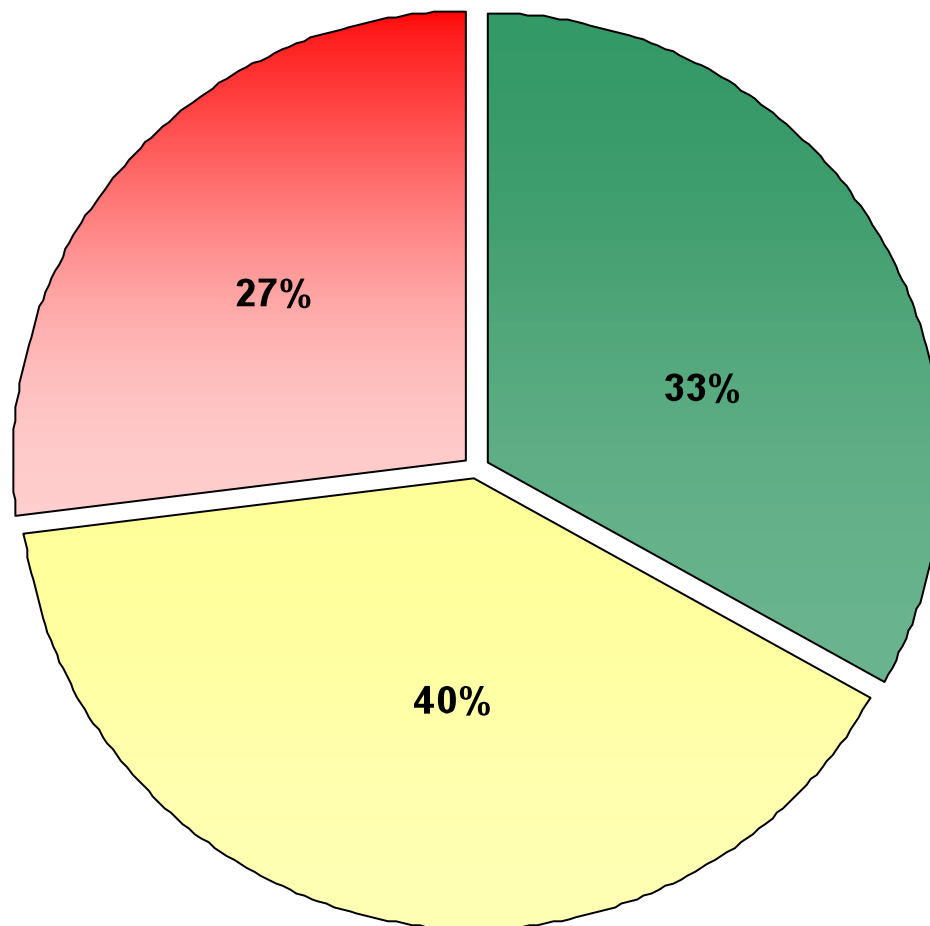
- Based on EMR costs, not volume.
- Pays up to 85 % of cost of certified EMRs:
 - \$21,250 for adopting, implementing, and upgrading EMR.
 - \$8,500 per year for five years for operating and maintaining EMR.
- No penalties for failure to implement
- Probably minimal benefits from Starke funding, unlike Medicare

How Physicians Fly/Bank/Buy...



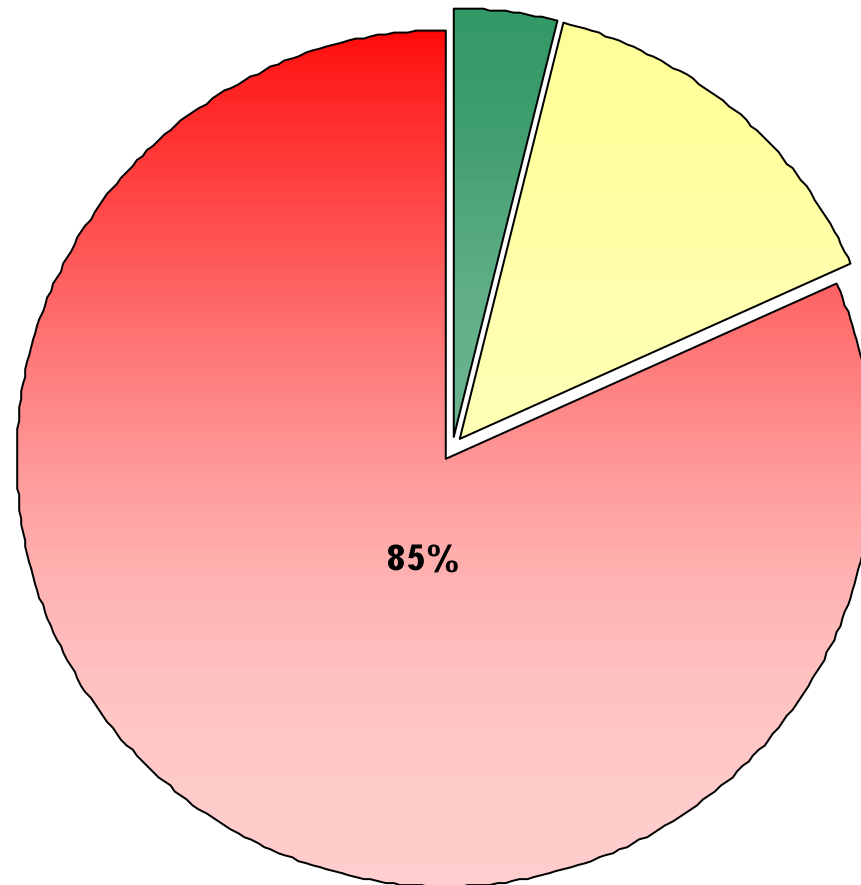
EMR Adoption – TMA survey

■ Have EMR ■ Have Plans ■ No Plans

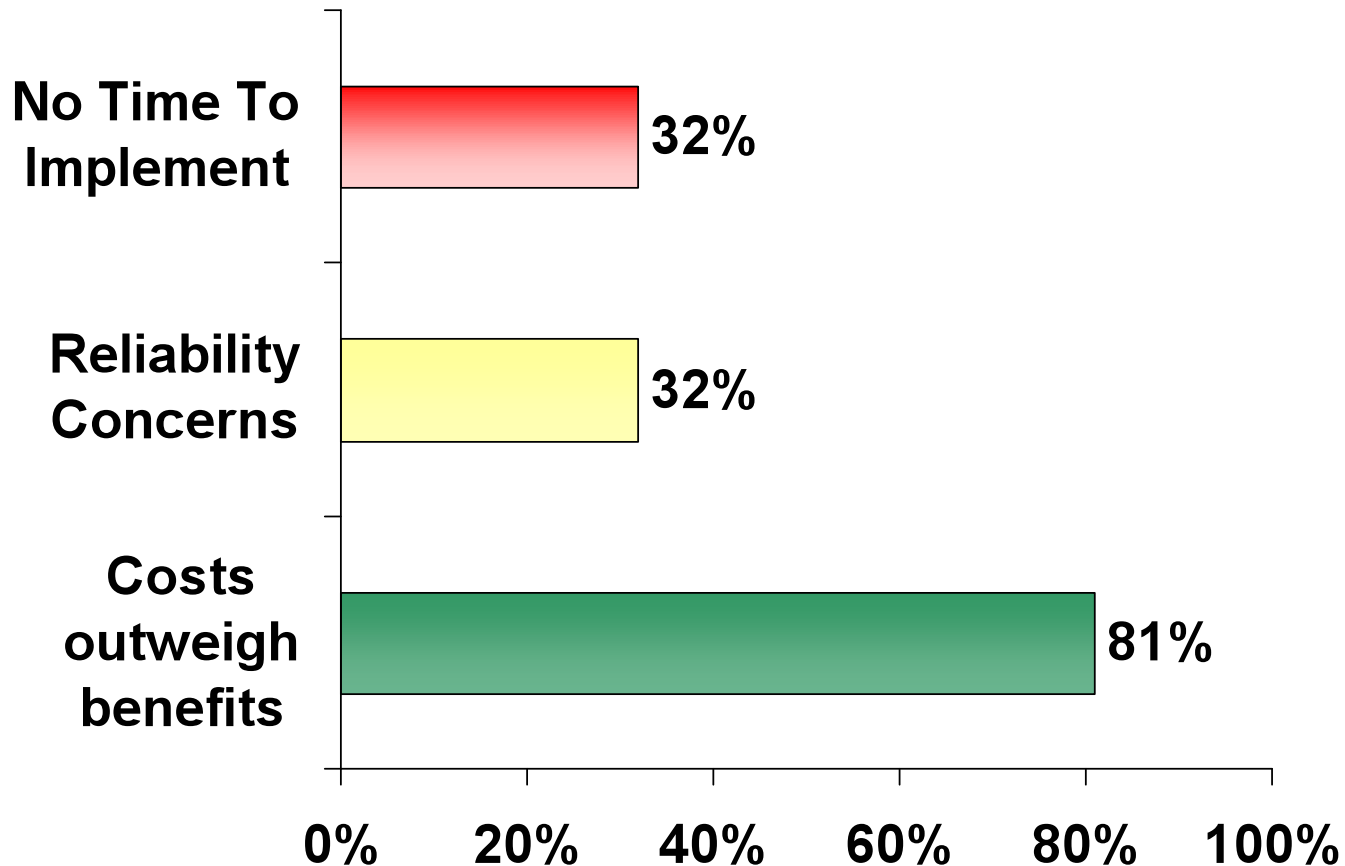


Full EMR Usage Is Very Limited

■ Fully Functional ■ Basic ■ Pieces/None



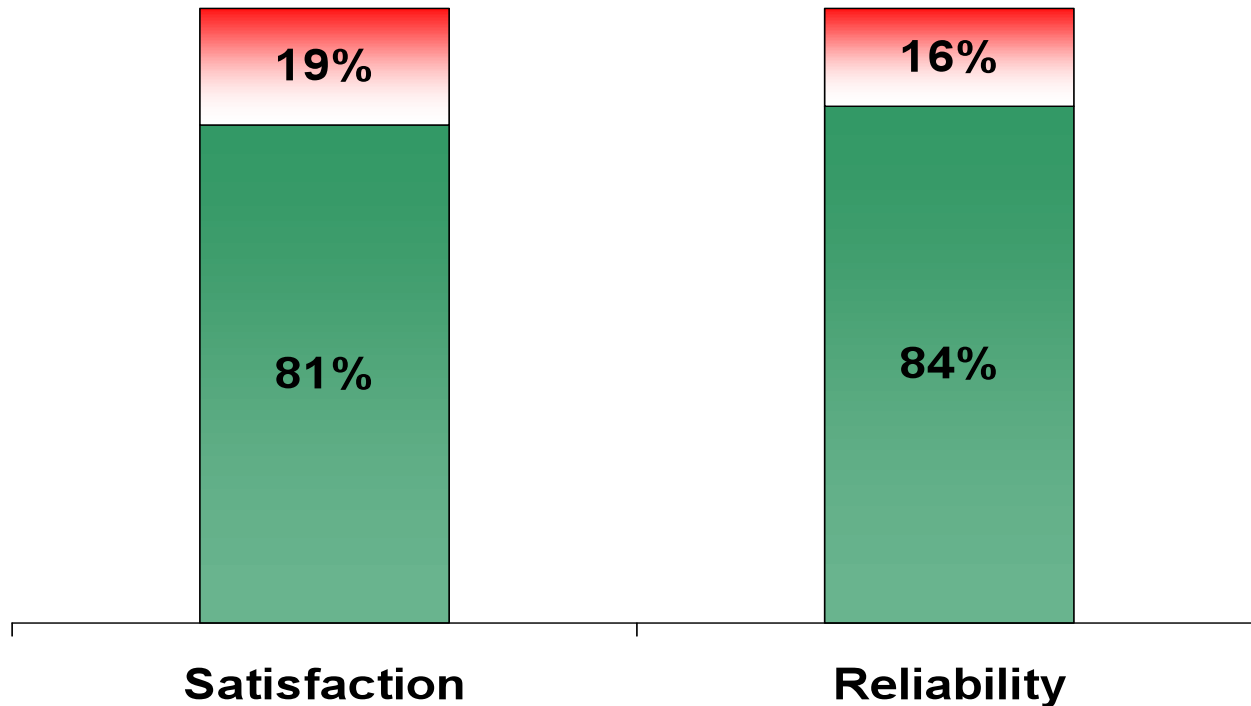
EMR Adoption – Barriers



Current EMR User Experiences

*19% "somewhat
to very
dissatisfied"*

*16% "unreliable,
excessive
downtime"*



Current EMR User Experiences

✓ What Physicians Like:

- Better chart access (79%)
- Improved workflow (48%)
- Improved costs (~20–35%)

✓ What They Don't Like:

- Difficult to input data (45%)
- New types of errors (41%)
- Added costs – i.e., no net return (27%)
- Inadequate reporting capabilities (10%)

New Types of Errors ...

Some Unintended Consequences of Information Technology in Health Care: The Nature of Patient Care Information System-related Errors

JOAN S. ASH, PhD, MLS, MARC BERG, MD, PhD, ENRICO COIERA, MBBS, PhD

■ J Am Med Inform Assoc. 2004;11:104-112. DOI 10.1197/jamia.M1471.

Unexpected Increased Mortality After Implementation of a Commercially Sold Computerized Physician Order Entry System

Yong Y. Han, MD*†§; Joseph A. Carcillo, MD*†§; Shikhar T. Venkataraman, MD*†§;
Robert S.B. Clark, MD*†§; R. Scott Watson, MD, MPH*†§‡; Trung C. Nguyen, MD*‡; Hülya Bayir, MD*‡;
and Richard A. Orr, MD*†§

ABSTRACT. *Objective.* In response to the landmark 1999 report by the Institute of Medicine and safety initiatives promoted by the Leapfrog Group, our institution implemented a commercially sold computerized physician order entry (CPOE) system in an effort to reduce medical errors and mortality. We sought to test the hypothesis that CPOE implementation results in reduced mortality among children who are transported for specialized care.

Methods. Demographic, clinical, and mortality data were collected of all children who were admitted via interfacility transport to our medical academic institution.

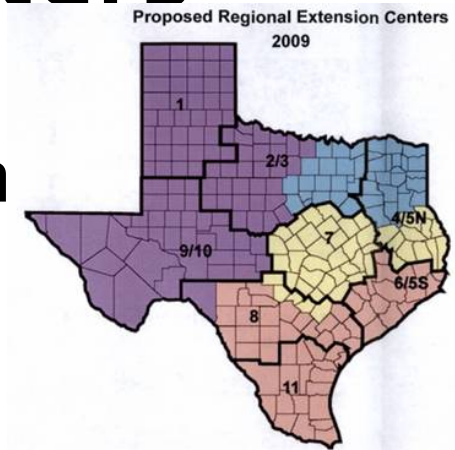
computer software, health care delivery/access, interhospital transport, outcome.

ABBREVIATIONS. CPOE, computerized physician order entry; CHP, Children's Hospital of Pittsburgh; ADE, adverse drug event; PRISM, Pediatric Risk of Mortality; OR, odds ratio; CI, confidence interval.

In their landmark report *To Err is Human: Building a Safer Health System*, members of the Institute of

Regional Extension Centers

- ✓ 70 Regional Extension Centers nationwide to assist physicians with education, outreach and technical assistance to implement and meaningfully use EMRs.
- ✓ Four universities working with the Texas Medical Association and other entities:
 - TAMUS Health Science Center Research Foundation (\$5.3 MM)
 - UT Health Science Center at Houston (\$15.3 MM)
 - Dallas– Fort Worth Hospital Council Education and Research Foundation (\$8.5 MM)
 - Texas Tech University Health Sciences Center (\$6.7 MM)



Texas Can Be A Leader

- ✓ Texas Health Services Authority (THSA)
- ✓ HHSC – Medicaid
- ✓ Texas HIE Coalition (THIEC)
 - Groups operational (7) or planning an HIE (7)
- ✓ Universities (RECs, UT Houston SHARP grant)
- ✓ TMA No Fault Safety Reporting System

Texas can take the lead in healthcare informatics if we coordinate activities

Thank You