

**Dept. of Social Services' Health Information Technology Activities  
Presentation to the Health Technology Workgroup, HealthCare Cabinet**

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Presented by:

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**Introductions:**

Mr. Heuschkel oversees the Medicaid Management Information System (MMIS) and HIT initiatives at DSS

Dr. Agresta's role:

- 1) Practicing Family Physician
- 2) CO-Director Health Informatics Biomedical Informatics Center at UCHC
- 3) Vice-Chair/Treasurer of the (HITE-CT) Board of Directors
- 4) Recently began working with DSS' HIT planning efforts (through a Memorandum of Agreement between DSS and UCHC)

Mr. Heuschkel will outline what has transpired to date with DSS HIT; Dr. Agresta will outline where we are headed.

**DSS pre-ARRA HIT activities, funded with Medicaid  
Transformation Grant funds (from *Balanced Budget Act of 2005*)**

**e-Prescribing**

- launched October 2009.
- currently includes approximately 3,500 providers
- transmits over 135,000 e-Prescribing transactions, 81,000 medication histories and 50,000 formulary requests monthly
- developed by HP Enterprise Services integrated into Surescripts' network and securely linked to DSS' Medicaid Management Information System (MMIS).

- allows providers with a Surescripts-enabled e-Prescribing system to access preliminary information for clients enrolled in Medicaid and other DSS medical assistance programs
- Surescripts electronically routes up-to-date patient eligibility, medication history, and formulary information between the MMIS and the requesting Medicaid enrolled provider.
- Enables providers to make informed decisions relative to prescribing the appropriate medication for the patient. The provider can then submit an electronic prescription via Surescripts to the patients' pharmacy for dispensing.

### **HIE Pilot**

- Overall goal of a Health Information Exchange (HIE): improve the quality, safety, and efficiency of healthcare by making available to providers real time access to diagnoses, current medication lists, test results, drug allergies and side effects, and other necessary information that can help them to determine appropriate courses of treatment and prevent medication and other patient harm from occurring while controlling healthcare costs. The HIE would eventually have the capability to support disease management, quality improvement, evaluation, surveillance and research.
- Goal of Connecticut HIE pilot project was to design, implement, and evaluate the feasibility of an HIE system for Connecticut's Medicaid Program and the clients it serves.
- Initially, the project was to focus on Connecticut's non-dual eligible Medicaid population, but it was expanded to all patients served by the participating provider organizations. Early in the project it was recognized that providers wanted a single system for all patients, regardless of payer. At no additional cost, the HIE was made available for all patients, extending the value of the project and providing a consistent way to provide quality care.
- The pilot project included:
  - three hospitals (Hartford, Saint Francis, and Lawrence & Memorial)
  - two Federally Qualified Health Centers (FQHCs) - Staywell in Waterbury and Community Health Center, Inc. in their New London location.

- The system offered secure email, eReferrals, lab ordering and results reporting, radiology image viewing, and discrete data display using a clinical data repository.
- Clinical documents were viewed via a secure portal by authorized users.
- The HIE system was provided by Misys Open Source Solutions (MOSS), which also provides ongoing support. The Connecticut Hospital Association (CHA) provided its technology infrastructure and hosted the HIE in its secure data center.
- An 'opt in' policy was adopted for patient participation and a single Data Use and Reciprocal Support Agreement was executed by all parties to define roles and responsibilities and support security and confidentiality of patient data.
- Ultimately 57,000 patients were registered in the pilot HIE
- The pilot HIE closed down at the end of August 2011 after HITE-CT selected a different vendor for the statewide project.
- Many implementation delays and lessons learned that can be applied to the statewide HIE, including:
  - Data Use and Reciprocal Support Agreement (DURSA) process is long and difficult
  - Difficult to define and implement a workable patient consent approach
  - Need to address difficulties getting interfaces built (e.g., complexity with hospitals; getting standardized interfaces built for EMR's)
  - Financial sustainability is difficult (MTG grant resources were time-limited) and must be addressed for sustainability

### **Comprehensive Active Medication Profile (CAMP) Pilot Project**

- DSS teamed with the University of Connecticut (UConn) School of Pharmacy and the Connecticut Pharmacist Association (CPA) to build a comprehensive, active medication profile for Medicaid patients.
- The School of Pharmacy conducted patient interviews and data collection and developed the CAMP database that integrates claims data from the DSS MMIS with patient data collected from patient interviews (prescriptions, Over-The-Counter (OTC), herbal products).

- All data collected was entered into the Medication Management System, Inc Assurance Standard Interface owned by UCONN.
- The results of this project were aimed to utilize Rx fill data to alert prescribers on patient adherence trends, identify medication discrepancy, medication errors, and adverse events, increased use of generics, and cost effective therapies for a small number of patients.
- In the future, this type of information could be accessed by health care providers via the statewide HIE through providers' certified electronic health record technology.

## **DSS ARRA-Funded Activities**

- Federal funds provided through ARRA (*American Recovery & Reinvestment Act of 2009* (aka Federal "Stimulus" funds))
- ARRA's "HITECH" Act (*Health Information Technology for Economic and Clinical Health*) component established Medicare and Medicaid EHR Incentive programs
- Under this legislation, DSS is responsible for administration of the Medicaid Electronic Health Record (EHR) Incentive Payment Program as the State's Medicaid Agency
- The Medicaid EHR Program incentivizes EHR adoption by paying eligible hospitals and professionals who adopt, implement or upgrade certified EHR technology, or who *meaningfully use* such technology.
  - Eligible hospitals: acute care and children's hospitals
  - Eligible Professionals include physicians, nurse practitioners, certified nurse midwives, and dentists; these practitioners cannot be hospital-based
  - Definition of "Meaningful Use":
    1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
    2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.

3. The use of certified EHR technology to submit clinical quality and other measures.

- Detailed information about program eligibility, payment amounts, and attestation process can be obtained at [www.ctdssmap](http://www.ctdssmap); click on “EHR Incentive Program”
- Incentive payments are matched 100% with federal funds administration is matched at 90%. Federal funding is provided by the Centers for Medicare and Medicaid Services (CMS)
- CMS funding requires the State to have an approved Advanced Planning Document (APD) and State Medicaid Health Information Technology Plan (SMHP)
- The APD and SMHP planning process began August 2009 culminating in plans approved by CMS in March 2011. Annual updates are required
- Gartner Consulting was engaged to develop these plans on behalf of DSS
- UConn Health Center is our contractor to assist with planning ongoing, including required IAPD and SMHP updates
- The SMHP addresses:
  - The State’s current HIT landscape, including HIE initiatives, and information about the MMIS
  - The State’s “To-Be” Landscape:
  - Our vision, goals and objectives, including strategic goals for Medicaid HIT (goals at the end of this document)
  - Governance
  - Coordination with statewide HIE:
  - Medicaid Incentive Payment Program Administration
  - Projections for anticipated incentive payments
  - Technology support

- Medical Assistance Provider Incentive Repository (MAPIR application).

The MAPIR application is an MMIS add-on which supports the following administrative functions:

- application processing, including provider attestations
  - claim volume and provider data validation – interfaces with MMIS (component of pre-payment auditing)
  - interfacing with the CMS' EHR Registration and Attestation System ("R&A" System, also known as the "National Level Repository" (see NLR on Medicaid system business architecture diagram). R&A system ensures no inappropriate simultaneous payment by Medicare and Medicaid incentive programs, or payment by of Medicaid incentives in more than one state
  - payment calculation
  - reporting
  - appeals
- The core MAPIR application developed by consortium of 13 states
  - Each state gets MAPIR releases to configure/customize and integrate with MMIS (see Medicaid systems document)
  - MAPIR deployed in 2 phases:
    - Phase 1 (operational) supports attestation for Year 1 of the program (adopt, implement, upgrade);
    - Phase 2 (under development) will support meaningful use attestation and multi-year processing

### **EHR Incentive Payment Program Current Status**

Program opened for applications 9/1/2011.

To date we have paid:

- 20 Eligible Professions, total of \$425,000
- 2 Hospitals, total of \$2,603,635.77

Anticipated program payments (estimate of total 6 year payout for EP's and 3 year payout of eligible hospitals, based on applications pending or approved):

- Hospitals: \$20,107,542 (based on 20 hospitals with application in MAPIR)
- Eligible Professionals \$14,428,750 (based on 234 EP applications in MAPIR)

## **Moving toward Meaningful Use: Year 2 of the EHR Incentive Program and tie-into the HIE**

### **Education and Outreach:**

- Implementation of a collaborative plan for Medicaid Meaningful Use web-based and workshop oriented education and outreach with eHealth REC, HITE-CT and other partners.
  - Elements of Meaningful Use
  - Process to work with DSS for submittal to EHR Incentive program
  - Provision of CME for attendance at events
- Collaborative development of plan for supporting Primary Care and Specialist adoption of Meaningful Use Certified EHR's
- Understand future Meaningful Use release and implications for DSS and other state agencies.

### **Health Information Exchange:**

#### *Planning and Development:*

- Develop plan for data requirements for DSS from Health Information Exchange
- Develop data models for data elements required for exchange
- Evaluate specific Exchange options for DSS as outlined by HITE-CT vendor
- Plan for use of State HIE for Meaningful Use data transfer, PCMH and direct communications with providers
- Understand and plan for data sharing across DSS and DPH (Immunization data, other as appropriate)

#### *HIE Connection and Implementation:*

- Develop business plan for HIE connection to DSS
  - Value proposition development
  - Some state funding required
- Apply for federal Match for DSS connection to HIE
- Act as an accelerator for HIE adoption amongst other payers and providers
  - Requirements for multi-stakeholder payment for HIE adoption / development
  - Can create incentives for providers to join (including PCMH's)

**Strategic Vision and Planning:**

- Develop a 3- 5 year strategic plan for how information generated from various DSS initiatives can be optimally gathered, stored, combined and analyzed
  - Meaningful Use attestation and quality metrics
  - Person Centered Medical Home initiative
  - ASO data gathered for administrative and payment purposes