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

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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, 81\textsuperscript{st} 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.
Sample Committee Agenda

Agenda

10:00 - 10:30  Welcome and Introductions
10:30 – 11:00  Status Updates
               • Federal Activities
               • Electronic Prescribing Plan
               • Health Information Exchange Pilot
11:00 - 12:00 Discussion, Feedback and Public Comment:
               • Medicaid Health Information Exchange Privacy Policy
12:00 - 1:00  Lunch
1:00 - 2:30  Discussion, Feedback and Public Comment:
               • 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

<table>
<thead>
<tr>
<th>Data</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility:</strong> Displays demographic information currently found on the paper Medicaid ID</td>
<td>HIPAA 270/271 eligibility transactions</td>
</tr>
<tr>
<td><strong>Visit History:</strong> Displays claim-based record of each visit to a health care provider with date of service, diagnosis, and procedure(s) performed</td>
<td>Medicaid claims and encounter system</td>
</tr>
<tr>
<td><strong>Medications:</strong> Displays claims-based record on all prescriptions filled</td>
<td>Medicaid Vendor Drug Program</td>
</tr>
<tr>
<td><strong>Immunizations:</strong> Displays the list of a child’s immunizations</td>
<td>Immunization Registry</td>
</tr>
<tr>
<td><strong>Laboratory Results:</strong> Displays results of lab tests performed by the state lab, including test results associated with THSteps visits, newborn screening and lead screening</td>
<td>Dept of State Health Services Laboratory information systems</td>
</tr>
<tr>
<td><strong>Texas Health Steps Reminders:</strong> 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</td>
<td>Calculated field from claims and encounter data</td>
</tr>
</tbody>
</table>
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
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

- Data capture and sharing
- Advanced clinical processes
- Improved outcomes
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).
- 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

- 27% have EMR
- 33% have plans
- 40% no plans
Full EMR Usage Is Very Limited

- Fully Functional
- Basic
- Pieces/None

85%
EMR Adoption – Barriers

- No Time To Implement: 32%
- Reliability Concerns: 32%
- Costs outweigh benefits: 81%

TMA Survey, 2009
Current EMR User Experiences

19% “somewhat to very dissatisfied”

16% “unreliable, excessive downtime”

Satisfaction: 81%

Reliability: 84%
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%)

TMA Survey, 2009
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


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

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

ABSTRACT. Objectives. 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 from all children who were admitted via interfacility transport to our hospital, regardless of computer software, health care delivery/access, interhospital transport, outcome.

ABBRIVATIONS. CPOE, computerized physician order entry; CHIP, Children’s Hospital of Pittsburgh; ADR, 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