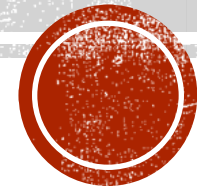


# DRIVING IMPROVEMENTS USING DATA & ANALYTICS

Track 4, Session ID 4-14

*August 18, 2016 @ 1pm – 2pm Central time in Rm 131*



# ACHIEVING IMPROVED OUTCOMES FOR HEALTHCARE CONSUMERS WITH HIT/HIE

The Electronic Health Record (EHR) Incentive Program has been an important part of giving healthcare providers the means to implement EHR systems. Join this session to talk about ways to inspire continued use of EHR, even when incentive programs end, and encourage authorized and secure health information exchange to achieve better coordination of care by providers and improved health outcomes for consumers.

As a case study, this session will examine the Texas Medicaid claims-based EHR system, including the Provider and Member portals, integration engine, Blue Button, and possible future enhancements. Find out what information is made available to construct the claims-based EHR, understand what information providers and members have access to via the portals, learn how Medicaid members can download their available claims-based health information using Blue Button functionality, and discover how a solution such as this can facilitate health information exchange, reduce duplicative services, and improve quality of care.

*We will manage the session by holding questions until the end of each presentation.*

# AGENDA / STRUCTURE

Topic	Moderator and Speakers	Time Allocation
Welcome & Introductions	➤ Gina Austin, Program Director, Cognosante Consulting	5 minutes
Presentation, including Q&A	➤ Bill Brown, Principal, BerryDunn ➤ Ed Dolly, CIO, West Virginia Office of Management Information Services	25 minutes
Presentation, including Q&A	➤ Lonnie Wendling, Account Executive, Hewlett-Packard Enterprise Services ➤ P.J. Fritsche, Director, Texas Health and Human Services Commission IT – Apps	25 minutes
Wrap-up & Close	➤ Gina / All	5 minutes

*Please remember to silence your mobile phones and other devices.*

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# INTRODUCTIONS: YOUR MODERATOR

- **Gina Austin, Program Director, Cognosante**
  - Ms. Austin brings over 25 years of large-scale IT systems experience, primarily with MMIS and Eligibility system DDI and O&M for state Medicaid agencies. She brings over 15 years of program and project management experience, including Agile project management with Scrum. She provides PMO and IV&V services for Eligibility, MMIS, CHIP, and HIX/IES system implementations. She also assists states with MITA SS-A projects and planning for information system procurements.

# INTRODUCTIONS: YOUR SPEAKERS

- **Bill Brown, Principal, BerryDunn**
  - Mr. Brown is a principal in BerryDunn's Government Consulting Group. He has more than 25 years of auditing and consulting experience, with five of those years specific to government auditing and cyber security. He specializes in helping clients with revenue and risk management, financial and IT compliance, and cyber security planning. He oversees the West Virginia Electronic Health Record Provider Incentive Program Audit, multiple financial and programmatic audits of State based Health Insurance Exchanges, and Independent Security Audits across the county.

# INTRODUCTIONS: YOUR SPEAKERS

- **Edward L. Dolly, CIO, West Virginia DHHR**
  - Mr. Dolly is the Chief Information Officer for the West Virginia Department of Health and Human Resources (WVDHHR). He has nearly 30 years of Information Technology experience, with over 15 years specific to the Health IT industry. He is a Certified Information Security Systems Professional (CISSP), Project Management Professional (PMP), and currently serves as the designated State of West Virginia's Coordinator for Health Information Technology initiatives. WVDHHR is comprised of five bureaus: Behavioral Health and Health Facilities; Child Support Enforcement; Children and Families; Medical Services; and Public Health. DHHR has a statewide presence and employs nearly 6,500 individuals.



# WEST VIRGINIA EHR PIP: WHAT'S NEXT?

Bill Brown and Ed Dolly

8/18/2016



# EHR INCENTIVE PROGRAM

- EHR Provider Incentive Program (PIP) requirements and Meaningful Use (MU)
  - Established in 2011 and lasts until 2021
- Pre-payment versus post-payment audits
- As of program year 2014
  - Roughly 1,075 providers enter the program
  - Roughly 500 providers received a second payment
  - Roughly 230 providers received a third payment
- BerryDunn's role in the audit
  - Create educational PowerPoints and FAQs for providers
  - Select sample providers and conduct post-payment procedures
    - Desk audits
    - Field audits
    - Provider outreach and communication
    - State training and appeal support



# EHR AUDIT FINDINGS

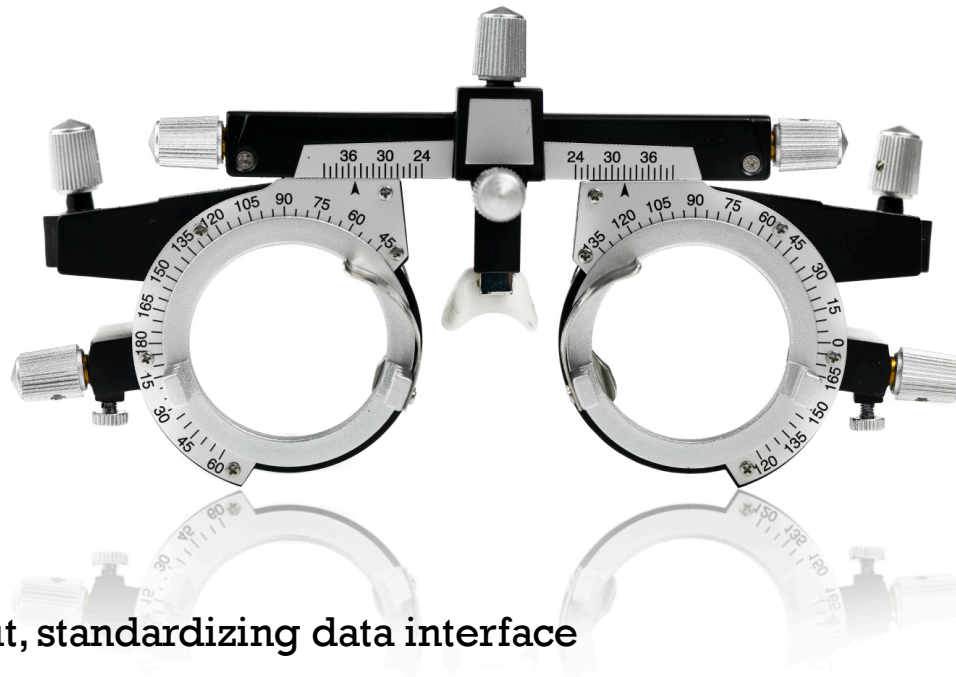
- BerryDunn's audit findings help West Virginia to focus quality improvement efforts
  - EHR expertise and limited staff
  - Overall reporting capabilities
  - Dentists
  - Security risk assessments
- Compliance activates systemic improvements

# FINDINGS SPUR CALL TO ACTION

- Paint a picture of EHR adoption and provider profile
- Program effectiveness
- Balancing adoption and compliance



# MEASURING PERFORMANCE OUTCOMES



- Better data input, standardizing data interface
- State Learning Collaborative focuses on improving quality improvement
- Continuous emphasis on provider training
- What happens in 2021 when the incentive program ends?

# QUESTIONS



*When asking questions, please identify yourself and use the microphones provided to ensure that the presenters and all attendees can hear the questions.*

# INTRODUCTIONS: YOUR SPEAKERS

- **Lonnie Wendling, Account Executive, Hewlett-Packard Enterprise Services**
  - Mr. Wendling is a State and Local Healthcare Account Executive in the Enterprise Services organization, supporting the Texas Health and Human Services Commission (TX HHSC). He brings more than 20 years of project management and account management experience and more than 10 years of experience in Medicaid systems implementations including the Kentucky MMIS, Florida MMIS, Georgia MMIS and TX Medicaid Health Information System. His current contracts are focused on supporting the TX HHSC in the areas of Immunization Information Systems, Medicaid Fraud and Abuse, and Health Information Technology.

# INTRODUCTIONS: YOUR SPEAKERS

- **P.J. Fritsche, Director, TX HHSC IT – Applications**
  - Ms. Fritsche is the Director for Health Services Systems in the IT – Applications Division of the Texas HHSC. She manages and provides leadership for Health Services applications, which includes IT oversight of the MMIS and Enrollment Broker contracts, providing technical support to other contracts, in-house developed and maintained Medicaid applications, and systems supporting Texas State Hospitals and State Supported Living Centers. She serves on internal governance boards and works across the five Texas agencies comprising the Texas HHS Enterprise. She is a career HHSC employee, having proudly served the people of Texas in several capacities.



# TEXAS MEDICAID CLAIMS-BASED EHR

Lonnie Wendling and P.J. Fritsche

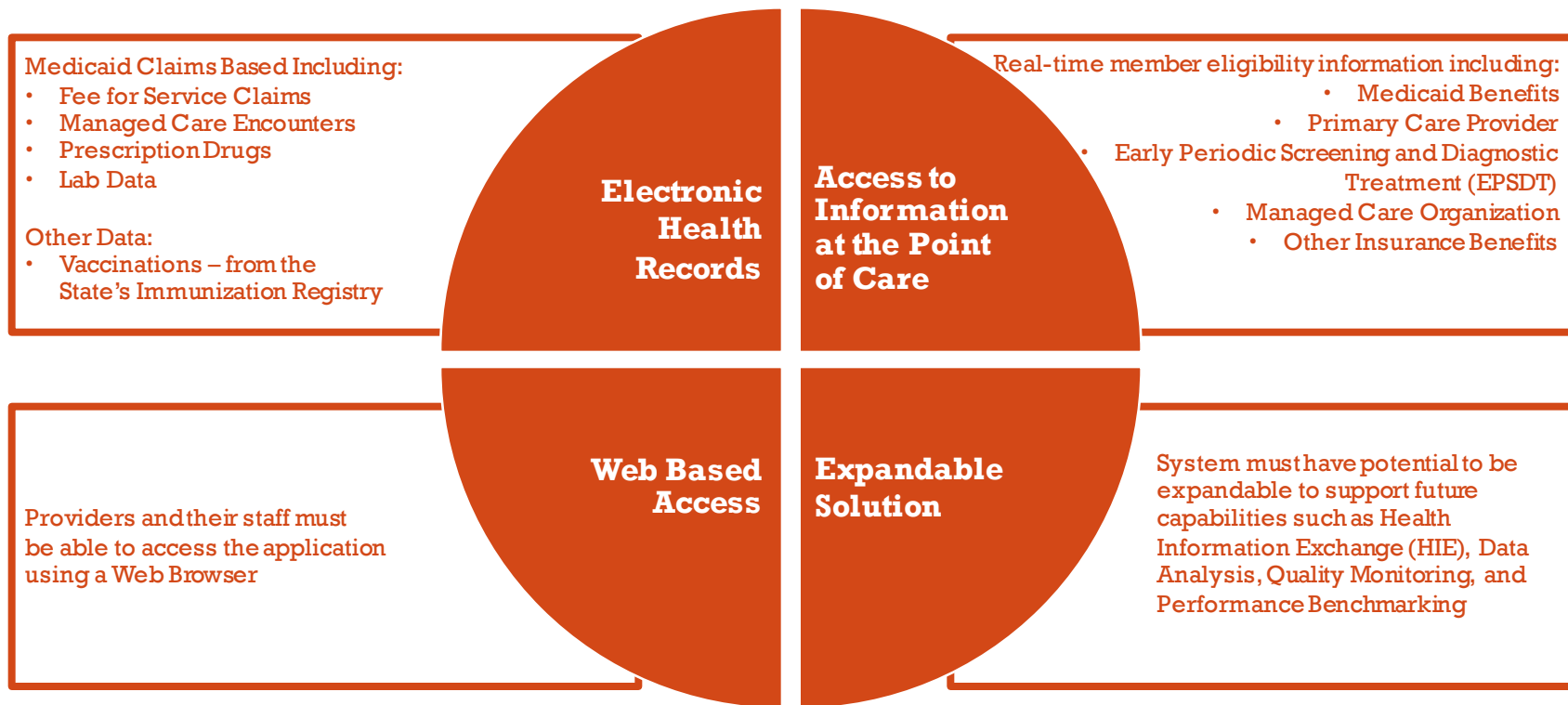
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# AGENDA

- Texas Health and Human Services goals and objectives
- Strategic drivers
- MEHIS EHR overview
- The value of a claims-based EHR
- Maximizing the value of the data through integration



# TEXAS'S GOALS AND OBJECTIVES



# STRATEGIC DRIVERS

- **Service Improvements:**

Improve quality, availability and timeliness of care received by Medicaid clients. Reduce duplicative services. Enhance record keeping and data sharing.

- **Improved Healthcare Outcomes:**

Enhanced preventive care through notification and documentation of EPSDT.

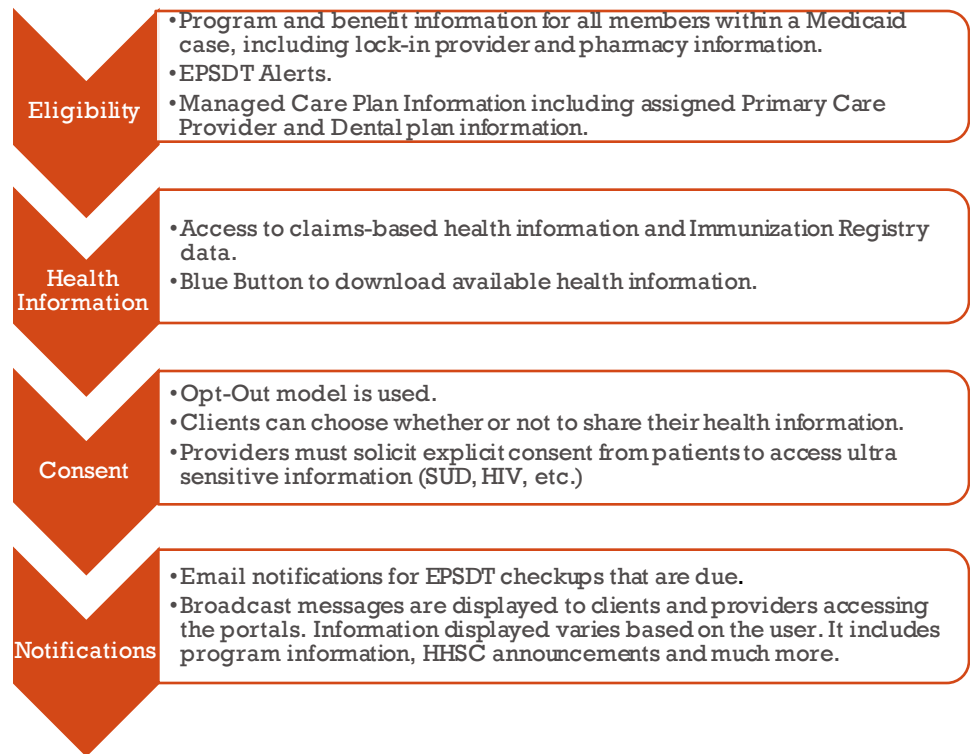
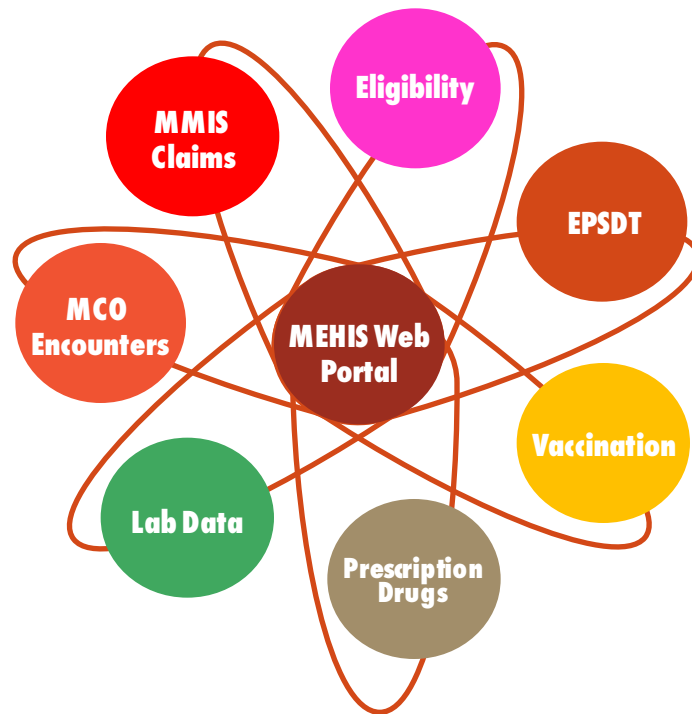
- **Cost Efficiency:**

Through improved coordination of care, reduction of duplicative services and drug prescriptions.

- **Future Expansion:**

The system has the potential to provide additional future EHR and health information exchange functionality currently not available to Medicaid providers.

# MEHIS EHR OVERVIEW



# HEALTH INFORMATION SUMMARY


## PROVIDER PORTAL

Transaction Date: 03/05/2014 08:29 AM Reference No: 123abc-12ab-11a1-111a-000000000000  
 Patient Name: JANE E DOE Medicaid ID: 12345679 Date of Birth: 02/12/1982 Sex: F

The health information available for this patient may be incomplete. [View the Health Information Limitations.](#)

**WARNING:** The information in this health history contains confidential Substance Use Disorder (SUD) data which is strictly regulated by 42 CFR Part 2, HIPAA, other applicable state and federal laws, the Medicaid Provider Agreement with HHSC and this site's Terms of Use located in the links below. By accessing this information you are certifying there is an authorized purpose and you are an authorized user to do so. If you have no authority to do so or have no authorized purpose, you MUST exit this page immediately.

### THSteps Alerts - Family

 **If you or family members have medical or dental checkups that are due, call your doctor or dentist to set up these checkups as soon as possible. They are covered by Medicaid at no cost to you.**

Alerts - Please read

Client Name	Medical		Dental	
	Checkup Due?	Last Checkup Date	Checkup Due?	Last Checkup Date
JANE DOE	Yes	07/28/2011	Yes	03/09/2010

### Vaccinations

Vaccination	Date Vaccinated
Tdap	02/24/2009
varicella	08/24/2000
DTaP, 5 pertussis antigens	10/02/1998
MMR	10/02/1998
OPV	10/02/1998

[CDC Recommended Vaccination Schedules](#) [View More](#)

### Health Events

From Date of Service	Code Set	Diagnosis Code	Description	Billing Provider
09/10/2012	ICD-9	6829	Cellulitis and abscess of unspecified sites	ASSOCIATES INC
11/18/2011	ICD-9	25000	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	MEDICAL SUPPLY
11/08/2011	ICD-9	5715	Cirrhosis of liver without mention of alcohol	HEALTH HOSPITAL

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### Past Medicaid Visits

Date of Visit	Provider	Type of Provider
02/21/2014	UNIVERSITY MEDICAL	General Acute Care Hospital
11/15/2013	JAMES JAMESON	Mental Health
10/14/2013	JOHN SMITH	Counselor, Addiction (Substance Use Disorder)
10/10/2013	JAMES JAMESON	Mental Health
10/10/2013	JOHN ADAMS	Radiology, Chiropractor, Nutrition, Rehabilitation

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### Prescription Drugs

Drug	Date Filled	Quantity		Days Supply	Number of Refills Remaining
		Original	Received		
PRAVASTATIN SODIUM 40 MG TA	07/12/2012	0	30	30	11
LISINAPRIL 10 MG TABLET	07/12/2012	0	30	30	11
DONEPEZIL HCL 10 MG TABLET	07/11/2012	0	7	7	11
NAMENDA 10 MG TABLET	07/09/2012	0	14	7	11
AMLODIPINE BESYLATE 10 MG T	07/05/2012	0	7	7	11

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### Lab Results

From Date of Service	Type of Test	Code Set	Diagnosis Code	Description
09/08/2010	Clinical	ICD-9	V20.2	Routine health check
09/08/2010	Clinical	ICD-9	V20.2	Routine health check

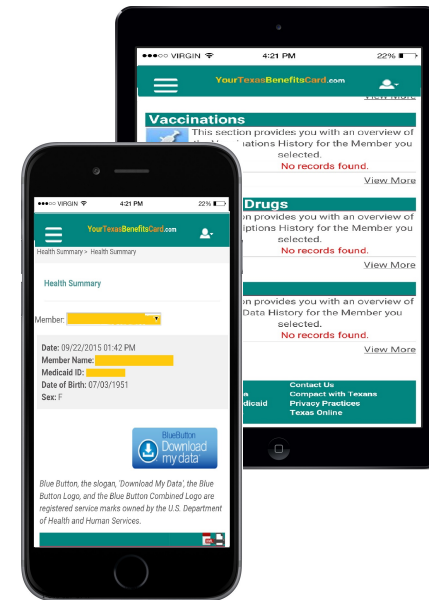
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# BLUE BUTTON

Blue Button was first implemented by the Veterans Affairs to enable service members to download their health records. CMS and the ONC have recently been pushing for wider adoption of Blue Button.

## MEHIS Implemented Blue Button:

- **Conforms with the Veteran's Affairs, ONC, and CMS guidelines**
- **Enables Medicaid Recipients and Providers to download available health information in various formats:**
  - Text File
  - Adobe Portable Document Format (PDF)
  - Clinical Document Architecture (CDA)
- **Accessible from popular web browsers on PCs, Smart Phones, and Tablets**
- **CDA be imported into Providers' EMRs and consumer Personal Health Record (PHR) Systems**



# PROVIDER/MEMBER PORTAL COMPARISON

<b>YTB Client Portal</b> <b>www.yourtexasbenefits.com</b>	<b>YTBC Provider Portal</b> <b>www.yourtexasbenefitscard.com</b>
Seamlessly accessed (via SAML Token) from the State's Self Service Portal (SSP) where clients apply and view their benefits.	Where Medicaid Providers get timely information on a patient's Medicaid eligibility, services and treatments provided by Medicaid.
<ul style="list-style-type: none"> <li>View, print and order Medicaid ID cards.</li> </ul>	<ul style="list-style-type: none"> <li>View and print clients' Medicaid ID cards.</li> </ul>
<ul style="list-style-type: none"> <li>View eligibility and demographic information for their case.</li> </ul>	<ul style="list-style-type: none"> <li>Verify patient eligibility.</li> </ul>
<ul style="list-style-type: none"> <li>View and set up Texas Health Steps (EPSDT) Alerts and email notifications.</li> </ul>	<ul style="list-style-type: none"> <li>View Texas Health Steps (EPSDT) Alerts.</li> </ul>
<ul style="list-style-type: none"> <li>View available health information (Medicaid adult clients only).</li> </ul>	<ul style="list-style-type: none"> <li>View available patient health information.</li> </ul>
<ul style="list-style-type: none"> <li>Choose whether or not to allow others to view their health information.</li> </ul>	<ul style="list-style-type: none"> <li>Capture and view patient past visits.</li> </ul>
<ul style="list-style-type: none"> <li>Blue Button</li> </ul>	<ul style="list-style-type: none"> <li>Blue Button</li> </ul>
	<ul style="list-style-type: none"> <li>Check-in and check-out patients at time of appointment.</li> </ul>
	<ul style="list-style-type: none"> <li>Authorize provider-level functionality to a delegate.</li> </ul>

# THE VALUE OF A CLAIMS BASED EHR

Contributes to improving the quality, safety, and efficiency of health care services provided under the Medicaid program. For example,

- The opt-out based sharing model used maximizes the data shared across the health information exchange spectrum.
- The claims-based information can complement clinical data providers may have access to.
- Providers can use the prescription claims data to review when/if their patients have been filling their prescriptions.
- The prescription data can assist providers or the program in the detection of drug shoppers.
- The claims-based data may help clients and providers identify and report potential fraudulent activities; or possible phantom services.
- Having access to claims-based data can assist in the detection and reduction of duplicative services.
- The claim/encounter data can alert providers about patients who have visited the emergency room to arrange for follow up visits, if needed.

# INTEGRATION WITH PERSONAL HEALTH RECORD SYSTEMS

Texas HB 1218 calls for the expansion of the availability of electronic health records to other health organizations and state agencies.

MEHIS already produces C-CDA as part of Blue Button Integrate with the MS HealthVault so that:

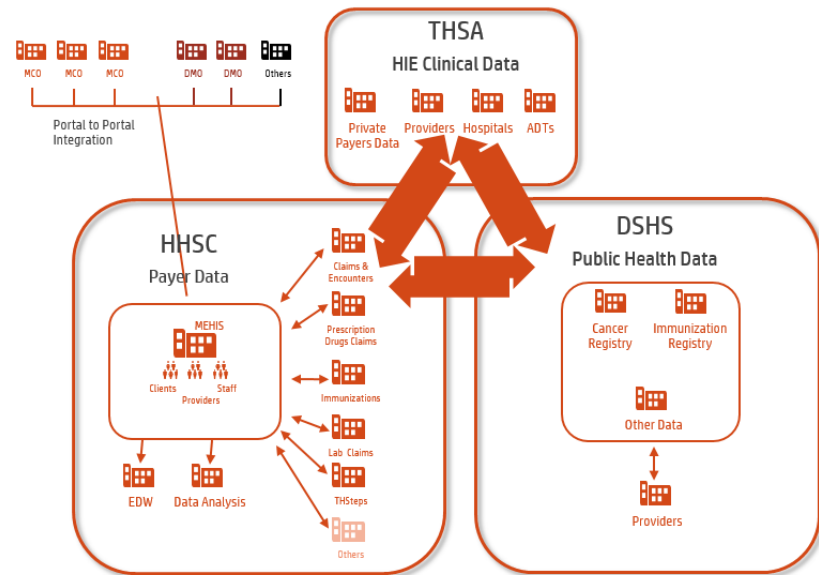
- Clients are able to upload and save the C-CDA to their MS HealthVault Personal Health Record.
- Clients are able to download information from their HealthVault into MEHIS.
- Providers' systems that are integrated with the HealthVault will readily have access to the clients' uploaded MEHIS information.

**Value:** Enable clients to securely download, store and consolidate their available health information. Instant access to the data for clients and providers who have access to MS HealthVault.



# EXPANDED INTEGRATION OPPORTUNITIES

- Integrate with additional health registries such as the Cancer registry maintained by the Department of State Health Services (DSHS).
- Build a Medicaid Health Information Exchange (HIE) through integration with the state wide HIE maintained by Texas Health Services Authority (THSA).
- Integrate with Managed Care and Dental Management Organizations' Provider and Member Portals.



## Benefits:

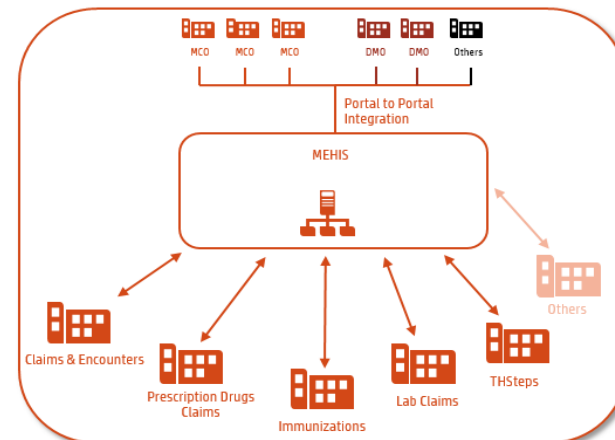
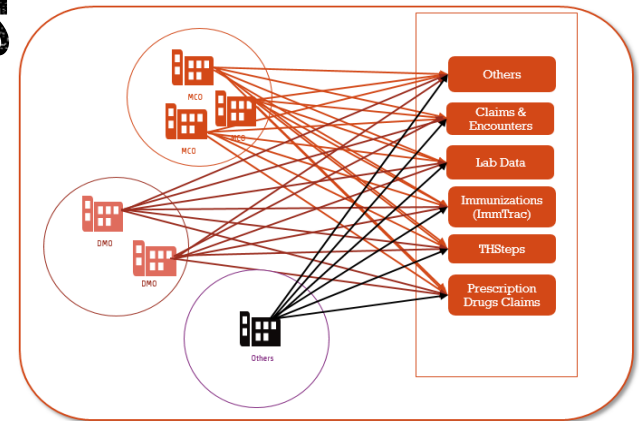
- Exchanges payer, clinical, and public health data across the health care continuum.
- Provides data for use in data analytics, quality monitoring and benchmarking.
- Helps influence healthcare outcomes and reduces duplicative services.

# INTEGRATION WITH THE MCOs

- Integrates the MEHIS health information portal screens with the MCOs.
- Negates the need for duplicating functionality. HHSC has already implemented in MEHIS.
- Provides access to Blue Button.
- Access to information is consistent.
- New data types are automatically available to the MCOs.

## Benefits:

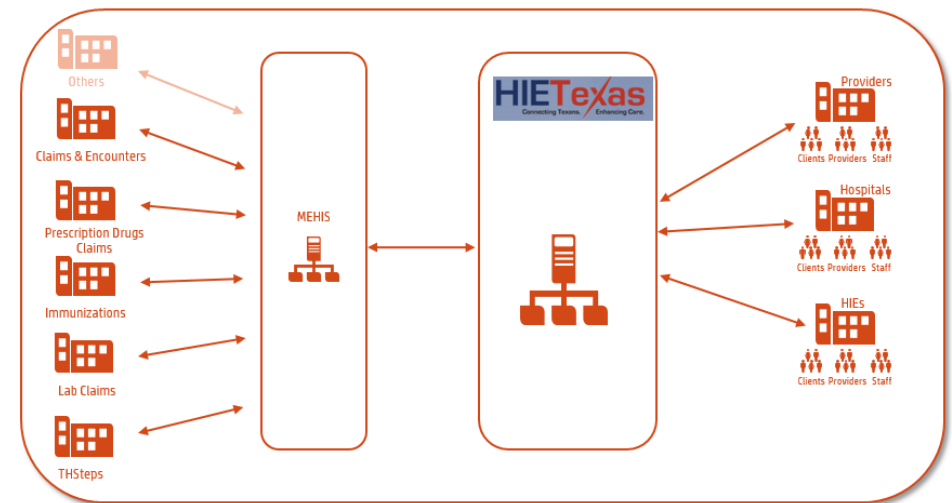
- One place for clients and providers to access the health record and manage consent.
- Reduces operational overhead associated with maintaining the data in multiple systems.



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# INTEGRATION WITH HEALTH INFORMATION EXCHANGE (HIE) SYSTEMS

- MEHIS becomes the hub for integrating Medicaid data with the Health Information Exchange.
- Provides two way integration.
- Shares claims-based health information.
- Pulls clinical data and use for data analysis.
- Maximizes information sharing via opt-out model.



## Benefits:

- Maximizes access to the clients' available health information.
- Integrates the data into the providers' own EMR/EHR workflow.

# PROVIDER/MEMBER PORTAL USAGE

YTB Member Portal Utilization	YTBC Provider Portal Utilization
<p><u>As of June 27<sup>th</sup>, 2016:</u></p> <ul style="list-style-type: none"> <li>• 4 million Medicaid clients in Texas with at least one million adults who can access the Portal.</li> <li>• 660,000 heads of households (HOHs) accessed the portal since its inception in February 2012. That is equal to 60% or more of the overall HOHs.</li> <li>• These HOHs have used the Portal to access information on behalf of 1.2 million Medicaid recipients. That is over 30% of the Texas Medicaid client population whose information has been accessed in the Client Portal.</li> <li>• There has been 1,320 Blue Button downloads since it was implemented in late March 2016.</li> </ul>	<p><u>As of June 27<sup>th</sup>, 2016:</u></p> <ul style="list-style-type: none"> <li>• 7,393 users have been registered in the YTBC Provider Portal.</li> <li>• 149,988 Provider/Provider Staff logins captured.</li> <li>• 7.6 million eligibility verifications with a current monthly average of 23,000 verifications.</li> <li>• Over 209,000 Check-Ins captured with a current average of 793 Check-Ins each month.</li> <li>• Approximately 11,281 health information related transactions captured since providers' access to health information was implemented in June of 2015.</li> </ul>
<p><u>Factors that may impact the utilization rate:</u></p> <ul style="list-style-type: none"> <li>• Usage fluctuates throughout the year due to seasonal changes (back to school, summer break, holidays).</li> </ul>	<p><u>Factors that may impact the utilization rate:</u></p> <ul style="list-style-type: none"> <li>• Providers may feel that they have a sufficient health history of the patient in their own system.</li> <li>• Providers prefer to have the information integrated into their EMRs/EHRs instead of having to use another EHR to get the information.</li> </ul>



# QUESTIONS

*When asking questions, please identify yourself and use the microphones provided to ensure that the presenters and all attendees can hear the questions.*



**THANK YOU!**

*Presentations will be posted to  
the conference website within  
the next few days.*

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