How can Medicaid adapt to the post-HITECH environment?

Hunt Blair, Principal Advisor – State HIT-enabled Care Transformation

National Association of Medicaid Directors
November 13, 2013
Meaningful Use: means to an end, not the end itself

MU Has Accomplished Job #1

• We are having a completely different conversation than we were four years ago, prior to the passage of the HITECH Act.

• We are digitizing and starting to exchange health information, accelerating both the volume and velocity of digitization.

• We are not going to stop digitizing health information.

• We are just beginning to figure out the ways to have HIT better enable and transform care, and that’s about more than MU too (ACA & CMMI initiatives like SIM grants).
Functionality across the whole HIT / HIE / State Systems ecosystem

• Clinical care, case management, care coordination, and secure communication essential to value-based, outcome measured payment:
  • across all provider types and care settings,
  • with individual patients and families
  • supporting health homes, medical homes, medical neighborhoods & medical communities;

• Public health reporting for surveillance and disease, immunization, and other public health and vital statistics registries;

• Clinical quality measure reporting & performance measurement for quality improvement, program oversight, evaluation in value-based payment initiatives
Functionality across the whole HIT / HIE / State Systems ecosystem (continued)

- Patient mediated exchange – from State System (e.g. Blue Button for Medicaid) technologies – and provider (e.g., Children’s Hospital in Dallas) sides: getting data to patients for their active use;

- Data analytics of all sorts;

- Eligibility and Enrollment of patients;

- Attribution of patients to individual providers at specific points of care;

- Regulatory compliance and reporting for MU and other federal and state programs; and

- Clinical research, “systemness,” and the learning health system.
FIG. 1 - Centralized, Decentralized and Distributed Networks
In August, ONC & CMS released

HHS *Principles and Strategy for Accelerating Health Information Exchange (HIE)*

as the public response to a Request for Information (RFI) released by CMS and ONC in the spring.

Principles for Accelerating HIE

• HHS believes all patients, their families, and providers should expect to have consistent and timely access to standardized health information that can be securely shared between primary care providers, specialists, hospitals, mental health and substance abuse services, LTPAC, home and community-based services, other support and enabling services providers, care and case managers and coordinators, and other authorized individuals and institutions.

• HHS will seek out opportunities to accelerate and promote the development of this capacity across the health care system through incentives and by reducing barriers.

• HHS is fully committed to ensuring ubiquitous, standards-based electronic exchange of health information across all care settings through a multi-year approach that is consistent, incremental, yet comprehensive.
Principles for Accelerating HIE - Continued

• As the overall HIT ecosystem evolves and matures, its components are becoming more modular and distributed.

• Increasingly, EHRs themselves are modular and can include data services from multiple sources.

• There is a clear need to ensure standardization of data structure and format and interfaces through HIE standards and policies that are understood by vendors, providers, HHS programs, public and private payers, and other users.

• This will enable the use of a diverse and distributed set of syntactically and semantically interoperable technology solutions.
  • Syntactic means separate systems can exchange data using common shared languages like XML & SQL
  • Semantic means the systems have the ability to transmit data with “unambiguous, shared meaning”
Health IT in the Post-HITECH World

Susan Mosier, MD, MBA, FACS
NAMD Fall Conference
November 13, 2013

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Health Care Vision

Enable and create a healthcare delivery system which provides:

- Better care for individuals
- Better health for populations
- Reduced per-capita costs

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Health Information Technology Goals

- Encourage adoption, implementation, and upgrade of certified EHR technology
- Promote health care quality through use of EHR meaningful use measures
- Advance Health Information Exchange (HIE) capacity
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Electronic Health Records

- Kansas is part of a 13 state Collaborative
- Medical Assistance Provider Incentive Repository (MAPIR) for provider attestations
- MAPIR interfaces with our MMIS system to validate provider information received from the CMS Registration & Attestation site.
### Stage 2 Meaningful Use
Improve Population and Public Health

<table>
<thead>
<tr>
<th>Objective</th>
<th>Ambulatory Measure</th>
<th>Hospital measure</th>
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<tbody>
<tr>
<td>Immunization Registries</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
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<tr>
<td>Reportable Lab Results (ELR)</td>
<td>N/A</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
</tr>
<tr>
<td>Syndromic Surveillance</td>
<td>Ongoing Submission to Public Health Authority (Menu)</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
</tr>
<tr>
<td>Cancer Registries</td>
<td>Ongoing Submission to Public Health Authority (Menu)</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialized Registry</td>
<td>Ongoing Submission to Public Health Authority or National Specialty Society (Menu)</td>
<td>N/A</td>
</tr>
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</table>
Kansas HIOs

- Kansas Health Information Network (KHIN)
- Technology Vendor Informatics Corporation of America (ICA)
- http://www.khinonline.org/
- Live since 8/2012

- Lewis and Clark Information Exchange (LACIE)
- Technology Vendor Cerner
- http://www.lacie-hie.com/
- Live since 5/2013
HIT Infrastructure

➢ Health Information Technology for Economic and Clinical Health (HITECH) Act

➢ Multiple grant and incentive programs
  ➢ CMS Medicare and Medicaid EHR Incentive Programs: State programs end in 2021
  ➢ ONC Standards & Certification Criteria: Grant programs end in 2014
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Future Funding Opportunities

- System and resource costs associated with:
  - Collection and verification of meaningful use data
  - State interfaces
  - Data Warehouse
  - Provider Directory – through MMIS
  - Master Patient Index – through integrated eligibility system
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Building out Infrastructure

• Medicaid Information Technology Architecture (MITA) 3.0 and Super-MITA
• Medicaid Management Information System (MMIS) with service-oriented architecture
• Data Analytics and Decision Support Systems
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Advancing toward the Goals

2009
HITECH Policies

2011
Phase 1 (Capture/share data)

2013
Phase 2 (Advanced care processes with decision support)

2015
Phase 3 (Improved Outcomes)
How can Medicaid adapt to the post-HITECH environment?

Manu Tandon
Secretariat Chief Information Officer
Massachusetts State HIT Coordinator
Massachusetts Executive Office of Health and Human Services
State Medicaid IT work in pre-HITECH world was largely driven by operational needs

<table>
<thead>
<tr>
<th>Core Operations (sample list)</th>
<th>Enhanced Efficiencies</th>
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<tr>
<td>MMIS Maintenance Releases</td>
<td>Predictive Modeling</td>
</tr>
<tr>
<td>Hardware / Software Upgrades</td>
<td>Electronic Document Management</td>
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<tr>
<td>IT Support for Medicaid staff</td>
<td>Real time interfaces with Federal Hub</td>
</tr>
<tr>
<td>Audit Support</td>
<td>Health Information Exchange Infrastructure</td>
</tr>
<tr>
<td>Annual Pricing and Limit Adjustment Updates</td>
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<tr>
<td>Customer Service</td>
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<tr>
<td>Vendor Management</td>
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<tr>
<td>Federal Funding and Reporting</td>
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<tr>
<td>Basic Analytics</td>
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<tr>
<td>ICD-10</td>
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<tr>
<td>Legacy Platform Decommission</td>
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Data based on study of Massachusetts Medicaid IT projects
Post-HITECH world presents a shift in IT delivery models

### Core Operations
- MMIS Maintenance Releases
- Hardware / Software Upgrades
- IT Support for Medicaid staff
- Audit Support
- Annual Pricing and Limit Adjustment Updates
- Legacy Platform Decommission

### Enhanced Efficiencies
- Customer Service
- Vendor Management
- Federal Funding and Reporting
- Basic Analytics
- ICD-10

### Transformational
- Predictive Modeling
- Electronic Document Management
- Real time interfaces with Federal Hub
- Health Information Exchange Infrastructure
- Making MMIS “quality aware” to support new payment models
- Sophisticated Quality Data Analytics capabilities
- Cross entity Master Data Management and associated Data Governance
- Uniform Data Collection Methods
Current IT Systems Environment – Siloed, Costly and Prone to Redundancy

**Administrative Claims**
- Provider Online Service Center
- Eligibility Engine
- Quantity Driven MMIS Claims Engine

**Program-based Quality**
- Program 1 Specific System
- Program 2 Specific System
- Program 3 Specific System
- Program n Specific System

**Siloed Quality Repositories**
- Data Warehouse Reporting
- Reports

**Clinical Exchange**
- Health Information Exchange (HIE)

**Basic Reporting**

**Basic Analytics**
Post-HITECH IT Systems Transformation

Administrative Claims Program based Quality Clinical Exchange

MMIS

Provider Online Service Center
Eligibility Engine
Quantity Driven MMIS Claims Engine

Program 1
Specific System
Program 2
Specific System
Program 3
Specific System
Program n
Specific System

Health Information Exchange (HIE)

Integration
Eligibility
Health Information Exchange (HIE)

Quality Data Repository

Quantity Driven MMIS Claims Engine
Eligibility Engine
Provider Online Service Center

Data Warehouse
Basic Reporting

Reports
Basic Analytics

Enterprise Services Bus
Shared Services

Master Data Management
Identity Management
Enterprise Services Bus

Interoperability
Data Sharing / Governance

Massachusetts Executive Office of Health and Human Services
# Post HITECH world IT Service Delivery looks different

<table>
<thead>
<tr>
<th>Area</th>
<th>Pre-HITECH</th>
<th>Post-HITECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Providers interact with Medicaid?</td>
<td>Multiple disparate ways for claims, quality or clinical</td>
<td>Streamlined with tie in between claims, quality and clinical streams</td>
</tr>
<tr>
<td>How are claims processed?</td>
<td>Quantity aware</td>
<td>Quantity and Quality aware</td>
</tr>
<tr>
<td>How is HITECH (EHR, HIE) support activities funded?</td>
<td>Largely ONC Funded</td>
<td>Transition to Medicaid Funding</td>
</tr>
<tr>
<td>What governance is required for IT transformation?</td>
<td>Medicaid centric</td>
<td>Multi-agency and public-private collaboration</td>
</tr>
<tr>
<td>Core skillset for IT development?</td>
<td>MMIS centric, program-specific</td>
<td>Shared services oriented, modular design, cross-program</td>
</tr>
<tr>
<td>Data Governance needs?</td>
<td>Minimal. Data use limited to operational and federal reports needs</td>
<td>Advanced analytics. Quality aware models with complicated governance, Master Data Management</td>
</tr>
<tr>
<td>How we procure IT services?</td>
<td>Single agency, multi year, large contracts, limited players</td>
<td>Multi-agency, SaaS based, modular procurements, opportunities for new players.</td>
</tr>
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</table>
# Impact of this transition to Medicaid Management

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<th>Area</th>
<th>Post-HITECH needs</th>
<th>Impact to Management</th>
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</table>
| **Provider Interaction and Claims processing paradigm shift** | To shift towards new payment models, interdependency between claims, quality and clinical data is needed | - Refine new business model working with a wider stakeholder group  
- Enhance Medicaid collaboration with EHR vendor community  
- Re-engineer Business Processes working with MMIS vendor  
- Need new skillset, consider Re-org |
| **Turing Data into Information**           | Unprecedented analytics support for MMIS                                         | - Consider procurement for analytics services  
- Consider shifting staff to analytics units. Difficult skill to acquire. |
| **Post - HITECH (EHR, HIE) Funding and Procurement** | Transition to Medicaid Funding                                                   | - Submit IAPDs (acquire state share) and use A87 Exception for HHS  
- Consider mini-procurements |
| **Governance Model (High Risk Item)**      | Multi-agency and public-private collaboration  
Data Governance to manage interoperability | - Leverage/establish forums for governance. May need Legislative support.  
- Consider creating a new unit within Medicaid tasked with data governance. Consider a “Data Czar” |
Questions?