

Health Information Technology: Is Medicaid Keeping Pace?

Michael Tutty, MHA

**Senior Project Director, Center for Health Policy and Research
Instructor, Department of Family Medicine and Community Health
University of Massachusetts Medical School**

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Presentation Outline

- Health Information Technology and the Massachusetts Medicaid Program
- Establishing a Foundation for Medicaid's Role in Supporting the Adoption of Health Information Technology
- Why Medicaid Needs To Be Involved?

Massachusetts Medicaid, HIT, and the “Safety Net”

- In relation to Medicaid waiver negotiations, CHPR was asked in 2004 to explore potential infrastructure enhancements for Essential Community Providers (ECPs) to increase access, improve efficiency, and improve the quality of care delivered to Medicaid (MassHealth) members.
- *One of the major recommendations was to support the adoption of health care information technology (HIT), primarily in the form of interoperable electronic health records (EHR).*

Massachusetts Health Information Technology Policy Support Project

- In 2005, CHPR was asked by the Executive Office of Health and Human Services (EOHHS) in Massachusetts to support the iterative development of a policy framework to foster the Commonwealth's role in the advancement and implementation of HIT.
- Methods included:
 - Identifying relevant Massachusetts HIT initiatives
 - Stakeholder interviews
 - Leveraging local and national research to understand the adoption and use of HIT in Massachusetts
 - The provider landscape
 - Provider HIT adoption
 - Technology costs/benefits
 - Estimates of cost/benefit of HIT implementation in Massachusetts
 - Diffusion of technology and costs

Initial Recommendations/State Policy Action

Initial Recommendations

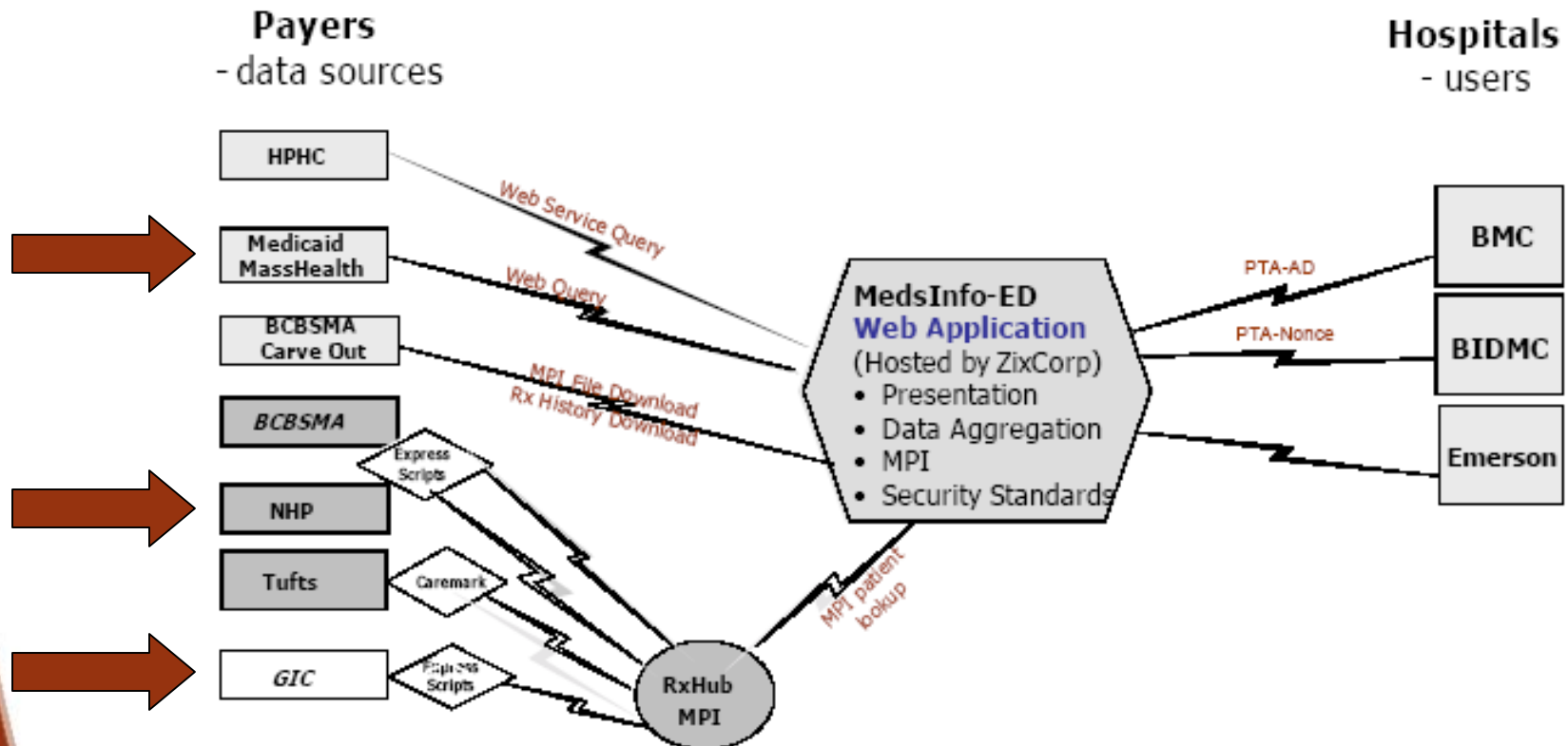
- The potential benefits of HIT adoption outweigh the costs, however the realistic timeframe for significant adoption of HIT in MA is 8-15 years
- The Commonwealth should actively participate in efforts to promote the adoption and interoperability of HIT/EHRs
- Develop plans for ongoing support and sustainability of current and future HIT projects and initiatives

Current EOHHS/State Government Efforts

- Active participant on the boards of Massachusetts HIT efforts
- Actively participating in data sharing efforts with MA-SHARE
- Governor's support of HIT efforts
 - \$5M dedicated to CPOE initiative and other HIT efforts in health reform legislation

State Data Sharing Proof of Concept: MedsInfo-ED

State Government Involvement



Note: Neighborhood Health Plan is one of the Medicaid HMOs.
Source: Mass Health Data Consortium/MA-Share

Needs for Future Policy Analysis and Research Identified

- How can Medicaid facilitate the adoption, utilization, and interoperability of HIT through financial or other incentives?
- What are the state and federal laws and regulations that act as barriers to information sharing, interoperability, security, authentication and penalties for non-compliance?
- How can Medicaid agencies leverage HIT adoption to improve the quality of care provided to Medicaid beneficiaries?
- What administrative efficiencies will the Medicaid agency receive by the broad use of interoperable HIT?

Establishing a Foundation for Medicaid's Role in the Adoption of HIT

- CHPR is working in collaboration with the Agency for Healthcare Research and Quality (AHRQ) to define the challenges and opportunities that Medicaid programs face in relation to the adoption of clinical HIT
- Deliverables will identify knowledge gaps, lessons learned, and prioritization areas for federal & state policy makers as Medicaid agencies participate in the development of state & regional health information networks

This information will provide the foundation for assisting Medicaid agencies in planning and supporting HIT dissemination and its use in order to increase the quality of health care

What We've Learned So Far...

- To take advantage of the opportunities presented by health information exchange efforts, federal and state policy makers need to understand the complexities and opportunities related to HIT adoption, utilization, and interoperability, including:
 - Potential healthcare quality improvements for Medicaid beneficiaries and what is needed by providers to get there
 - The use of clinical data from provider HIT to achieve operational efficiencies within Medicaid
 - The consideration of the unique legal and regulatory constraints of Medicaid
 - Targeted financial and non-financial incentives to support HIT adoption by Medicaid providers

Healthcare Quality Improvements for Medicaid Beneficiaries

- With the appropriate use of interoperable HIT and the data collected, quality improvements can include:
 - More efficient patient tracking
 - Adverse drug event prevention
 - Chronic disease tracking/case management
 - Effective use of evidence based practice guidelines
 - Data integration for quality measurement and benchmarking
 - Effective public health monitoring and reporting
- Although all providers need assistance with readiness planning and implementation, focus is particularly needed on essential community providers (ECPs)

Achieving Operational Efficiencies within Medicaid Agencies through HIT

- Medicaid efficiencies can be categorized into five separate areas:
 - Evolution of internal Medicaid systems
 - Greater interaction of Medicaid systems with clinical and administrative systems in delivery settings
 - Greater interaction among Medicaid systems and complementary systems in other health care plans and other states
 - Greater interaction among Medicaid systems and federal systems
 - Development of a workforce to support the transformation of Medicaid

Medicaid's involvement in Health Information Exchange: Legal Issues

- Preliminary legal analysis of laws and regulations affecting Medicaid HIE efforts:
 - Laws and regulations common to all payers and providers
 - Medicaid Privacy Statute
 - Relationship with other public funded programs
 - State specific laws and regulations
- Medicaid participation in various HIE efforts will require further analysis and policy development but legal issues are addressable and should not be perceived as a barrier to Medicaid participation.

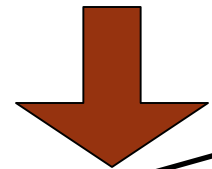
Medicaid Incentives for HIT Adoption

- Medicaid needs to not only build the administrative systems but bridge the gap with clinical systems
- How does Medicaid provide incentives for HIT adoption?
- Where does Medicaid get the funds?

Why Might RHIOs Be Interested in Collaborating with Medicaid?

Medicaid has a unique influence on the provider community

- One of the largest payers
- Distinct membership
 - Poor families and children
 - People with disabilities
- Robust covered services
 - Home and community
 - LTC



Adoption of health
information technology by
all providers

5-10
Years

Why Might Medicaid Be Interested in Collaborating with RHIOs?

- Significant opportunities exist for Medicaid agencies to support evidence based practice, care coordination, quality improvement, and cost/operational efficiencies
 - HIT has been identified as integral tools that can be used to achieve high-quality healthcare, especially for chronically ill and high utilizing populations
 - Administrative efficiencies and cost savings for Medicaid may be significant and be helpful in maintaining program integrity to assure the sustainability of the program into the future
 - Medicaid, as the largest payer for safety net providers, has an important role and stake in supporting HIT adoption by these and other providers serving Medicaid beneficiaries

For Further Information

Michael Tutty, MHA

Senior Project Director, Center for Health Policy and Research

Instructor, Department of Family Medicine and Community Health

E-mail: michael.tutty@umassmed.edu

University of Massachusetts Medical School

222 Maple Avenue Shrewsbury, MA 01545

Phone: 508-856-7857

Fax: 508-856-4456

Web: <http://www.umassmed.edu/healthpolicy/>