

# Promoting Prevention in Medicaid and CHIP

## *Using health IT to improve access to preventive services*

May 30, 2013, 2:00-3:00 p.m.

### **Webinar Summary**

See slide deck for additional details.

### **Welcome**

Deirdra Stockmann, Division of Quality, Evaluation and Health Outcomes, Center for Medicaid and CHIP Services

- Welcome to this third webinar in our series, Promoting Prevention in Medicaid and CHIP
- This session will begin with an overview of Medicaid's eHealth programs and will then focus on how health IT and electronic health records (EHRs) in particular can be used to improve patient access to preventive services and improve our understanding of population health
- In the last session, we announced a new enhanced technical assistance opportunity for states, the Medicaid Prevention Learning Network. We will be posting more information about the network on the [Prevention page](#) on Medicaid.gov. Those interested in participating should contact us at [MedicaidCHIPPrevention@cms.hhs.gov](mailto:MedicaidCHIPPrevention@cms.hhs.gov)

### **Medicaid eHealth programs**

Jason McNamara, Technical Director for Health IT, Center for Medicaid and CHIP Services

- Federal e-health directives outlined in HIPAA, ARRA and the HITECH Act, and ACA support improved quality of care, improved health outcomes and reduced costs
- The country's e-health future is dependent on the sharing of healthcare data among stakeholders that comprise a national health information infrastructure in part because the majority of Americans receive care from more than one provider
- Medicaid policy and program levers to promote improved health IT infrastructure include: EHR incentive programs; quality strategies, measures and data; health information exchange; and Medicaid Management Information Systems (MMIS) (See slides for more details)
- Health IT is a useful tool to enable data driven prevention
- Questions about CMCS eHealth activities can be directed to: [Jason.McNamara@cms.hhs.gov](mailto:Jason.McNamara@cms.hhs.gov)

### **Reactive to Preventive: Patient Care Using EHR Technology**

Beth Schindele, Director, Quality Insights of Delaware

- Electronic health records (EHRs) can be used to collect data on clinical quality measures, including the prevention-related measures in the Medicaid Health Care Quality Measures sets
- EHRs can include tools to improve patient care, including alerts and reminders for providers about needed preventive screenings and counseling to promote healthy lifestyles
- EHRs can be used to monitor target patient populations, to track missing preventive tests and to generate reminders to patients
- Effective use of EHRs requires some provider training
- Health information technology including EHRs can be part of a shift in patient care from "reactive" to "preventive"

## **The MDPHnet Distributed Querying Approach for Public Health**

Jeffrey Brown, Ph.D., Asst. Professor, Department of Population Medicine, Harvard Pilgrim Healthcare Institute and Harvard Medical School

- The distributed querying approach allows public health departments and partners to query EHR data from multiple providers while providers maintain control of their data and little or no person-level information is exchanged
- [MDPHnet](#) was developed to facilitate distributed public health surveillance by the Massachusetts Department of Public Health. It is funded by the HHS Office of the National Coordinator and coordinated by [Massachusetts eHealth Collaborative](#)
- MDPHnet brings together two software systems: PopMedNet and Electronic Support for Public Health (ESP). [PopMedNet](#) is open source software that facilitates operation of distributed networks and enables flexible distributed analysis of electronic health data. The [ESP](#) software extracts, analyzes, and transmits electronic health information from providers to public health
- The current MDPHnet querying capabilities include: query by ICD-9 diagnosis codes; reportable disease queries; stratification by sex, age, race, time period and location; geographic mapping (heat maps); ad hoc complex query; and query scheduling

### **Discussion: Questions and Answers**

Q: How do you handle duplication across health systems (e.g., patients seen in both outpatient and inpatient settings)?

A: There will be duplication for individuals who receive care in multiple settings. This is an issue.

Q: Is the ESP & MDPHnet available to other states? If so is there a fee?

A: The PopMedNet and ESP software are open source and available to all states. MDPHnet combines the two in a unique way to meet the Massachusetts Department of Public Health needs.

Q: How do you obtain buy-in from individual providers/provider groups to participate? Do you provide incentives? Is there a state legislative mandate?

A: Policy and reimbursement adjustments drive the need to participate. States have the option to drive utilization as a condition of participation.

Q: Some Medicaid agencies express concern about getting data from EHRs for reporting on core measures such as immunizations. How do we improve the ability of those EHRs to transmit data to Medicaid agencies?

A: The Office of the National Coordinator (ONC) 2014 vendor certification criteria has unique formats to report quality and clinical data in the patient level or aggregate level. Providers participating in Meaningful Use are required to adopt the 2014 certified standard. This does not solve the issue with some of the immunization registries (and other public health entities) and their lack of resources and technology.

Q: Which states are developing single information exchanges?

A: Massachusetts is doing this in-house. North Carolina has engaged with health information exchanges and is working on having clinical qualifications and claims data in one place. Iowa,

Arizona, Alabama and Louisiana are other examples. Virtually all states have some sort of central governance and infrastructure approach.

Questions about this webinar can be sent to: [MedicaidCHIPPrevention@cms.hhs.gov](mailto:MedicaidCHIPPrevention@cms.hhs.gov)