

# Incorporating HIT and HIE into Medicaid's Mission and Operations: *Strategic Vision for Stakeholder Discussion*



## **Taking HIT to the Next Level: Physicians Working with Technology**

James Figge, MD, MBA  
Medical Director

New York State Department of Health  
Office of Health Insurance Programs



# Accreditation and Disclosure

---

## *Accreditation Information*

**The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor Continuing Medical Education for physicians.**

**The Medical Society of the State of New York designates this educational activity for a maximum of .75 AMA PRA Category One Credit(s)™. Physician should claim commensurate with the extent of their participation in the activity.**

## *Disclosure Statement*

**Policies and standards of the Medical Society of the State of New York and the Accreditation Council for Continuing Medical Education require that speakers and planners for continuing medical education activities disclose any relevant financial relationships they may have with commercial interests whose products, devices or services may be discussed in the content of a CME activity.**

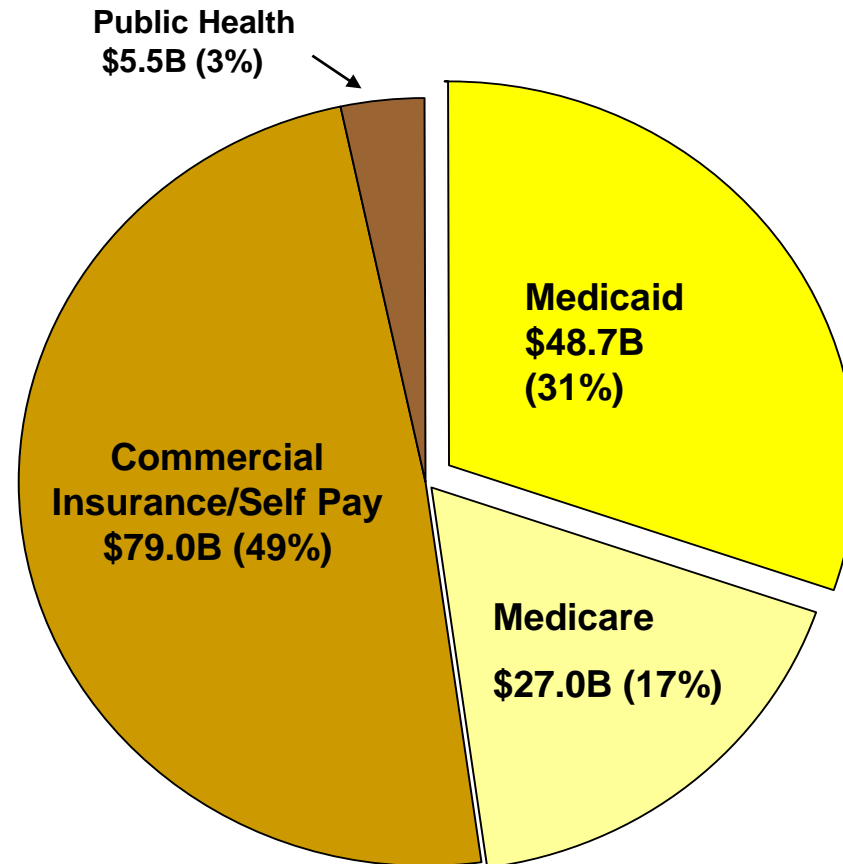
# Objectives

---

- ❑ **Inform physicians of the Guiding Principles behind Medicaid reform; and,**
- ❑ **Discuss the HIT strategies and standards endorsed by the Medicaid Program and the roles of EHR and ePrescribing in relation to reimbursement reform.**

# New York's Medicaid Program Accounts for Nearly One-Third of All Health Care Expenditures in the State

---



Source: 2007 Health Care expenditures projected by DOB using actual 2004 data from the CMS, Office of the Actuary, National Health Statistics Group; 2007 NYS Economy projected by DOB based on NYS Personal Income data. 4

# Medicaid is Health Insurance

---

- ❑ Covers over 4 million New Yorkers
- ❑ Over 85% of Medicaid beneficiaries are from working families
- ❑ Over 1.8 million children are covered; CHPlus covers another 390,000 children
- ❑ Medicaid covers one-half of all births

# Medicaid Reform: Guiding Principles

---

- ❑ To operate Medicaid with the vision and discipline required of a health insurer that covers 4.5 million New Yorkers and does so with public resources exceeding \$47 billion.
  - To ensure continuity of coverage.
  - To purchase value (high quality / fair cost).
  - To prevent waste and fraud.
  
- ❑ To leverage Medicaid's role in the health care marketplace in order to advance universal coverage and reform New York's health care delivery system.

# Leveraging Medicaid's Role in the Marketplace

---

## *Advancing Adoption of Electronic Health Records and e-Prescribing:*

- Planning process for Medicaid clinician adoption of EHRs and e-prescribing.
- Models to provide incentives for use of EHRs and e-prescribing are being reviewed.
- Medicaid reimbursement policy will be reformed to link reimbursement with quality clinical outcomes, improved patient safety, and improved care coordination.

# Leveraging Medicaid's Role in the Marketplace

---

*In making contracting and reimbursement decisions, Medicaid will embrace the following EHR standards:*

- ❑ Interoperability.
- ❑ CCHIT certification, national standards.
- ❑ Decision support – evidence based.
- ❑ e-Prescribing functionality with decision support.
- ❑ Quality reporting with standardized metrics.
- ❑ Automated reporting to public health registries.
- ❑ Disease registries (e.g., asthma, diabetes).
- ❑ Care coordination functionality (e.g., prenatal).

# Development of National Standards

---

Office of the National Coordinator for Health Information Technology (ONC)



American Health Information Community (AHIC)

Health Information Technology Standards Panel (HITSP)

American National Standards Institute (ANSI)

The Certification Commission for Healthcare Information Technology (CCHIT)

The Healthcare Information and Management Systems Society (HIMSS)

National Committee on Vital and Health Statistics (NCVHS)

Markle Foundation

Foundation for eHealth Initiative

# Enhancing Quality and Safety for Medicaid Beneficiaries: e-Prescribing

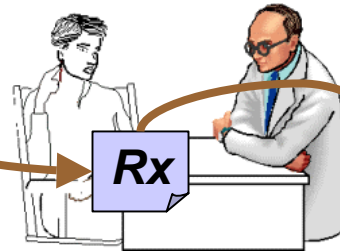
---

- e-Prescribing functionality incorporated into an interoperable CCHIT-certified EHR will be the recommended Medicaid model for clinical practice.
- Medicaid is exploring incentive models to facilitate the adoption of e-prescribing with decision support in order to minimize medication errors and improve patient safety.

# The Current System Causes a Number of Serious Problems



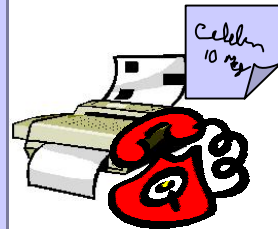
Rx



Rx

- **Patient safety**
  - Between 1.5%-4.0% prescriptions are in error with serious patient risk
  - Adverse drug events occur in 5%-18% of ambulatory patients
- **Quality of care - Compliance**
  - 1.1 billion scripts are never filled
  - Patient satisfaction is declining
- **Cost of errors: \$2 billion / year**
- **Impact on productivity\***
  - Physician practice: 3 hours per day
  - Pharmacy: 4 hours per day (up to 1 call per Rx)
  - Inefficient delivery

- Illegible handwriting
- Phone tag and fax tag
- Patient waiting in the pharmacy



# Enhancing Quality and Safety for Medicaid Beneficiaries: e-Prescribing

---

*Why adoption of e-prescribing by Medicaid's clinicians is crucial:*

- ❑ Adverse drug events occur in 5% - 18% of ambulatory patients.
- ❑ Between 1.5% - 4.0% of prescriptions are in error with serious patient risk.
- ❑ More than 8.8 million adverse drug events occur each year in ambulatory care, of which over 3 million are preventable.
- ❑ Many errors result from miscommunication due to illegible handwriting, unclear abbreviations and dose designations.

# The Challenge: Illegible Paper Scripts

Physicians write  
4.5 billion prescriptions  
each year. . . . **On Paper**

**MEDICAL CENTER HOSPITAL**  
500 - 600 W. 4TH STREET ODESSA, TEXAS Ph. 333-7111

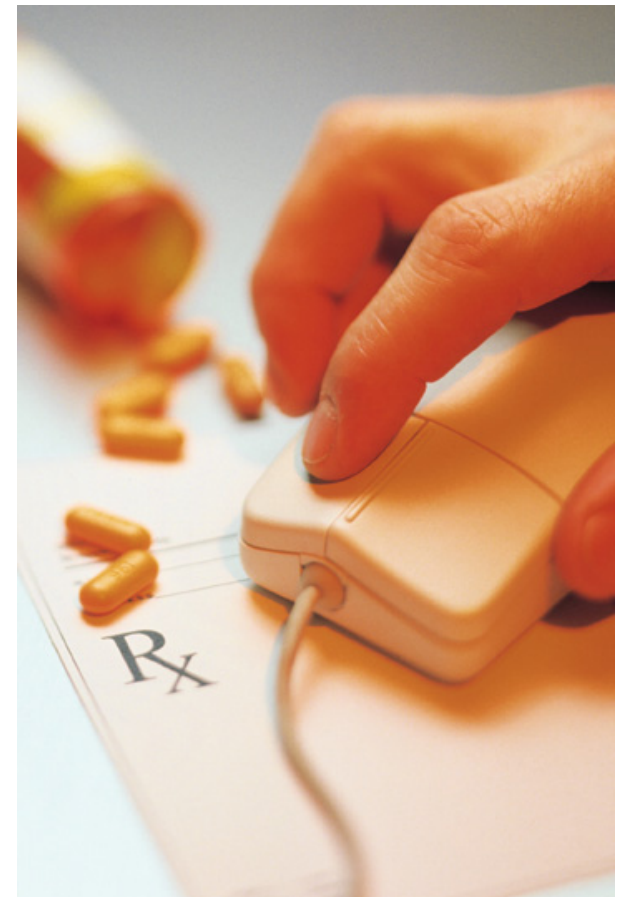
FOR Varguez Ramon AGE \_\_\_\_\_  
ADDRESS 1111 W. 4th St DATE 6/23/95

NO REFILLS  Zendil 20mg # 120 -  
20mg P.O. Q6hr  
REFILLS  Ferron Sulfate 300mg # 100  
300mg P.O. TID E meals  
LABEL  Humulin N  
30 units SQ QAM.  
Ramirez

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

D.E.A. # \_\_\_\_\_

730 037 2/88 1H 88-270



# Enhancing Quality and Safety for Medicaid Beneficiaries: e-Prescribing

---

*Why decision support is crucial:*

- ▣ 40,000 Medline citations are added monthly.
  - ▣ Over 10,000 randomized controlled trials are published annually.
  - ▣ Many new molecular entities are approved annually.
- “ A physician who reads all day long for 6 weeks will already be a century behind.” (Criswell, JAIA 2002)

# Enhancing Quality and Safety for Medicaid Beneficiaries: e-Prescribing Standards

---

*(real time and surveillance modes)*

- ❑ Drug allergies and adverse drug interactions.
- ❑ Drug-drug interactions (including herbal agents and over-the-counter agents).
- ❑ Drug-disease state interactions.
- ❑ Drug-laboratory interactions.

# Enhancing Quality and Safety for Medicaid Beneficiaries: e-Prescribing Standards

---

*(real time and surveillance modes,  
continued)*

- ❑ Age-specific and BSA- or weight-based prescribing and dosing.
- ❑ Maximum / minimum dosage.
- ❑ Therapeutic duplication.
- ❑ Dosing and appropriateness for pregnancy and lactation.
- ❑ Follow-up laboratory testing.

# Interoperability

---

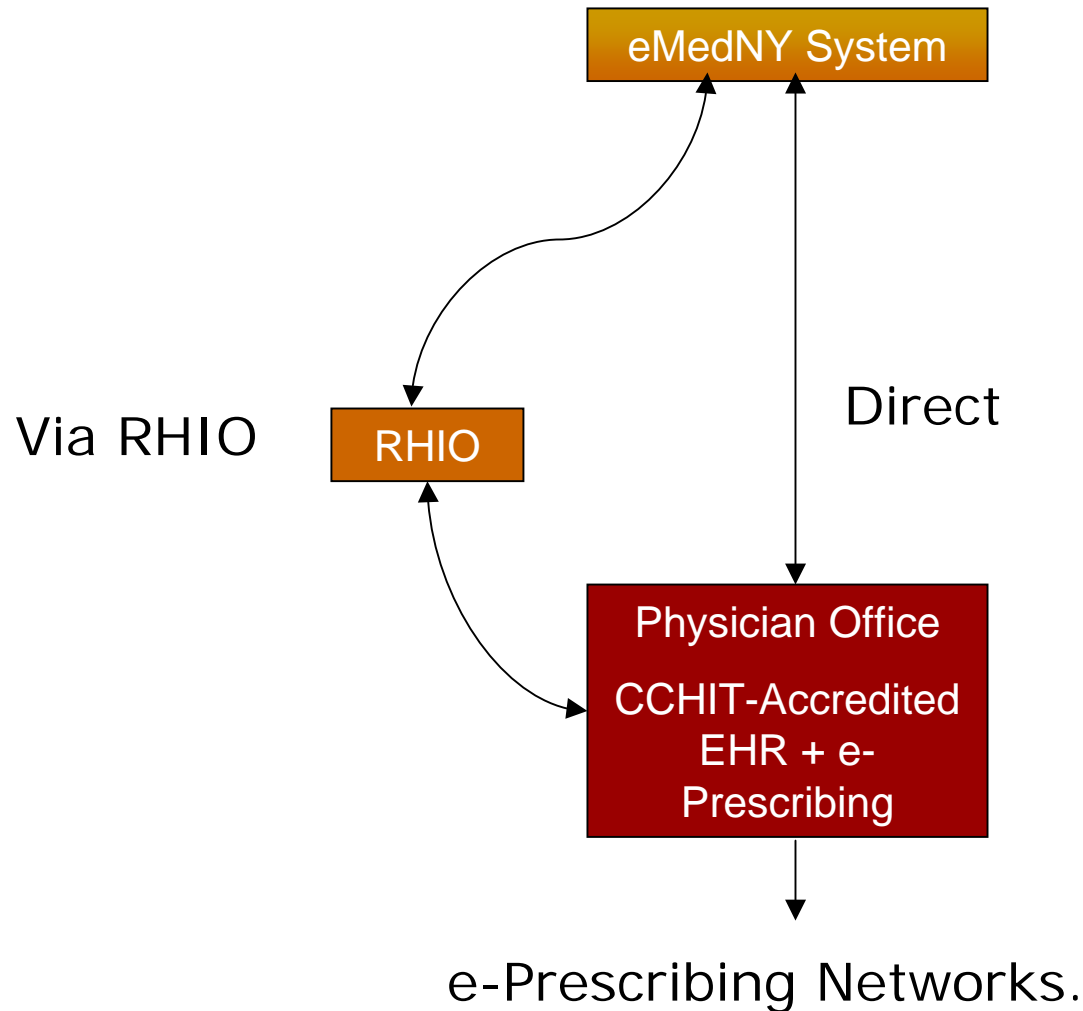
- ❑ Essential feature to participate in health information exchange (HIE) using the emerging Statewide Health Information Network and Nationwide Health Information Network.
- ❑ Critical for participation in Medicaid's HIE initiatives.

# Initial NYS Medicaid Program Initiatives: Health Information Exchange

---

- NYS – NYC Medicaid Medication History Data Sharing Pilot; results will inform future projects.
- Statewide expansion of data sharing will feature pharmacy and visit history claims data using the emerging Statewide Health Information Network (HEAL-5 Medicaid Use Case).
- Data sharing capabilities will be enhanced through coordination with public health registries (e.g., immunization, newborn screening, lead).

# NYS – NYC Medicaid Medication History Data Sharing Pilot



Data share: eligibility, formulary, 90 days of adjudicated pharmacy claims.

Neighborhood clinics, 1300 physicians, 200,000 beneficiaries.

# JCAHO 2005 Hospitals' National Patient Safety Goal

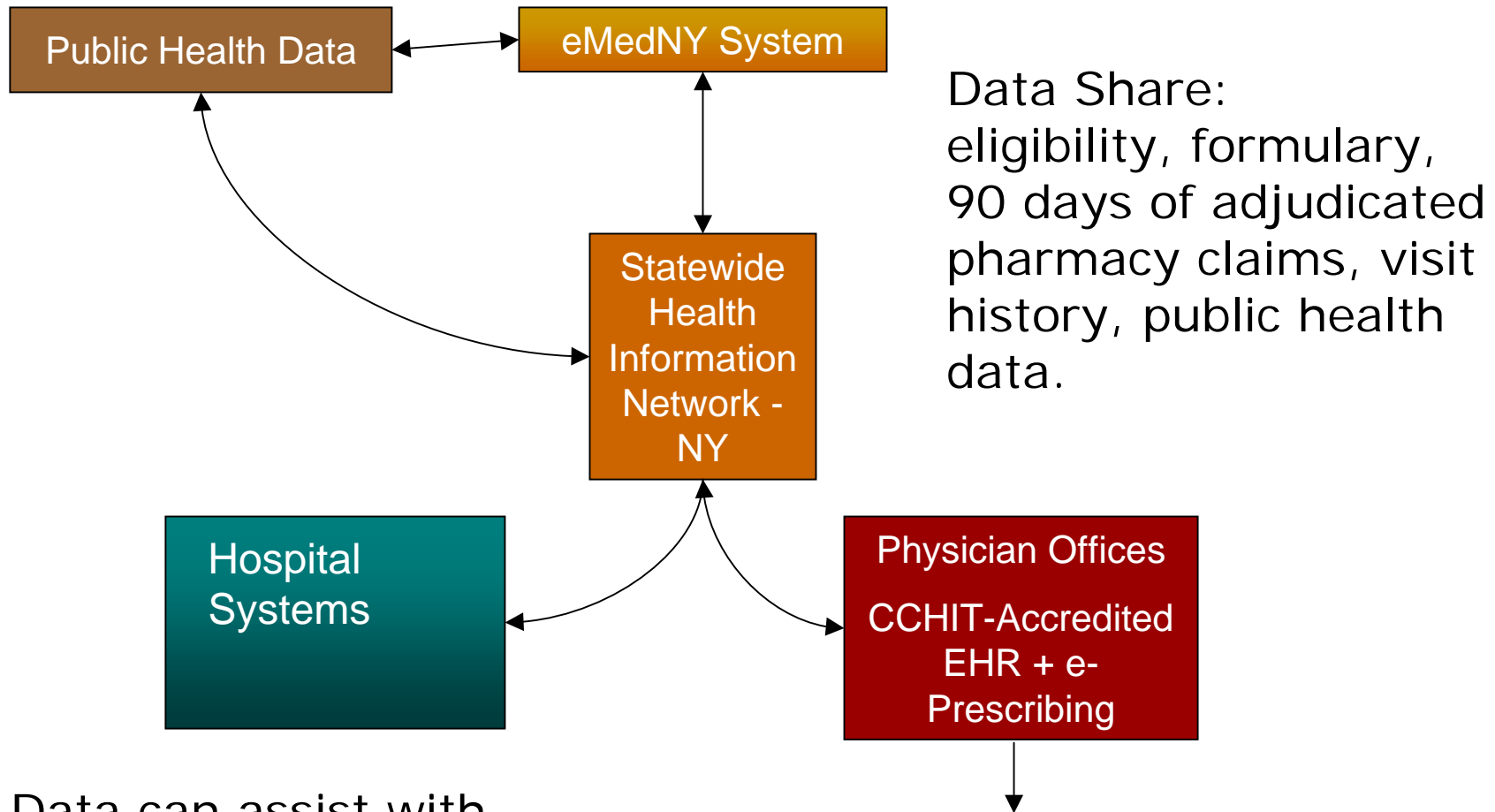
---

**Goal: Accurately and completely reconcile medications across the continuum of care**

- **"During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission..."**

[http://www.jcaho.org/accredited+organizations/hospitals/npsg/05\\_npsg\\_hap.htm](http://www.jcaho.org/accredited+organizations/hospitals/npsg/05_npsg_hap.htm)

# HEAL-5 Medicaid Use Case and Link to Public Health Registries



Data can assist with JCAHO medication reconciliation requirement.

e-Prescribing Networks.

# Engaging Medicaid Beneficiaries: Personal Health Records

---

- ❑ Value-added service after clinicians adopt EHRs.
- ❑ Internet-based PHRs that are interoperable with EHRs will enable Medicaid beneficiaries to exchange information with their clinicians.
- ❑ Examples: receive results of lab tests and follow-up recommendations, renew medications, schedule appointments, maintain a complete Continuity of Care Record under control of the patient.