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Testimony on:
Community Health Record and E-prescribing Update

presented to:
Joint Committee on Health Policy Oversight

by:
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October 16, 2006

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Joint Committee on Health Policy Oversight
October 16, 1:30 pm

Community Health Record and E-prescribing Update

Good afternoon Mr. Chairman and members of the Committee. It's my pleasure to be here today to provide you information regarding the Community Health Record pilot project in Sedgwick County and various e-prescribing projects that the Kansas Health Policy Authority is working on.

Currently, the KHPA is piloting a Community Health Record (CHR) in the Medicaid managed care population in Sedgwick County to improve the quality, safety and cost-effectiveness of care. The pilot was launched in February 2006 in partnership with Cerner Corporation, the developer of the CHR application, and FirstGuard Health Plan, a division of Centene Corporation and the Kansas Medicaid managed care provider through December 31, 2006. There are approximately 14,000 Medicaid managed care members in Sedgwick County. The KHPA has requested funding to extend the pilot project through the end of fiscal year 2007 in order to allow for more time to adequately evaluate the impact of the technology on patient care. The extension would be handled as a direct contract with Cerner in order to allow providers in either of the two managed care networks to participate.

Cerner's CHR is a web-based, secure application built using clinical and claims health information, and is a component of a "Shared Electronic Health Record (EHR)" umbrella offering. The Shared EHR also offers additional services, including e-prescribing, Enterprise Master Person Index (EMPI), and lightweight documentation, including on-line, automated EPSDT forms. The CHR allows authorized providers online access to more than 12 months of aggregated claims data and health transactions regarding a person's office visits, hospitalizations, medications, immunizations, and lead screening data. Clinicians can document allergies and EPSDT screening information in the tool. Work is underway to incorporate lab results into the CHR.

As of August 2006, the CHR is being used by approximately 300 providers at 20 sites with the number of users gradually increasing week to week. There are currently 76 clinicians utilizing the e-prescribing component of the CHR. Feedback from users has been positive and emphasizes the simplicity and ease of use of the e-prescribing solution.

The e-prescribing component of the CHR incorporates drug information so that if there is a contraindication to the prescribed therapy, the clinician is alerted at the time of prescribing, rather than after the prescription is received in the pharmacy. This reduces the time spent by both physicians' offices and pharmacies clarifying prescription orders and handling problems related to the prescribed drug. The CHR also incorporates the preferred drug list, generic alternatives, and general cost information, so the prescriber is aware at the time of prescribing if the drug has a generic alternative, is on the preferred drug list, and if it is a high or low cost drug.

The KHPA has engaged an independent consultant to conduct an impartial, objective evaluation of the CHR. The evaluation will assess the impact of the CHR on both process and outcomes. An example of process impact includes an analysis of how the CHR impacted the workflow of the CHR providers, and helped identify efficiencies gained through using the application. We will also perform a provider satisfaction survey. Outcomes metrics will evaluate how use of the CHR impacted quality and safety of care provided. For example, we will analyze whether or not emergency room visits declined as a result of providers using the CHR. We will also analyze use of medications and medication compliance by patients with certain chronic diseases, including diabetes and asthma. Impact of the CHR on quality of care provided will be assessed by comparing care

provided to patients by CHR users compared to a matched reference patient group of non-CHR users for certain disease states. For example, the frequency of HbA1c and lipid testing between intervention group and reference group, frequency of eye exams in diabetic patients, and a comparison of treatment-appropriate medication in diabetic and asthma patients will be completed.

Last week the KHPA's consultant conducted on-site interviews with five CHR users. The information gleaned from these interviews will be used to develop the provider satisfaction survey. What was heard from the providers during these interviews, as well as general response from providers using the CHR has been positive. This feedback has specifically emphasized the benefit of the information to emergency room providers, particularly the medication profile, and having immunizations and the EPSDT forms on-line. We have also received a number of anecdotal reports from providers that a duplicate immunization or lead screening was prevented because they were able to see in the CHR that the individual had already received the immunization or lead screening.

The KHPA plans to utilize the information gained from the pilot to develop a request for proposal to obtain this type of shared health record for the Medicaid population through a competitive bid process.

Additionally, the KHPA is exploring the possibility of joining Health MidAmerica. Health MidAmerica is a Kansas City employer-based health information exchange that will provide the community health record (the same application piloted in Sedgwick County) to physicians as a tool to help improve quality of care.

In addition to the e-prescribing component of the CHR pilot, the KHPA is working on other ways to implement e-prescribing. We have been working with the provider community as part of a broader health information exchange initiative, to assess the capacity of providers in Kansas to prescribe and receive prescriptions electronically. What we have found is that approximately 20 percent of providers utilize an electronic health record (EHR), and that number is growing. A far smaller number utilize an e-prescribing function as part of their EHR. We have also found that while the majority (over 85 percent) of pharmacies are members of the SureScripts network, only one-fourth of community independent pharmacies software allows them to receive prescriptions electronically. We plan to continue to work with providers to address barriers such as this to enable the adoption of e-prescribing.

Our continued work includes piloting various types of e-prescribing technology. Last week the KHPA submitted two grant proposals to the Centers for Medicare and Medicaid Services (CMS) through the CMS Transformation Grant Project for e-prescribing pilot projects. One would expand the existing CHR pilot in Sedgwick County in partnership with Cerner to provide e-prescribing to all participating providers and to providers in Reno County to get involvement from rural providers. The other proposal, in partnership with EDS, the Medicaid fiscal agent, would create an e-prescribing tool in the MMIS that prescribers could access via the existing Medicaid website. The prescription would go through existing edits and audits in the MMIS, and would allow the provider to check eligibility and begin the prior authorization process, if applicable, at the time of prescribing. CMS has told states awards would be made this month, with funding available for two years, in federal fiscal years 2007 and 2008.

I hope this update has been informative. I'm happy to answer any questions you may have. Thank you.