

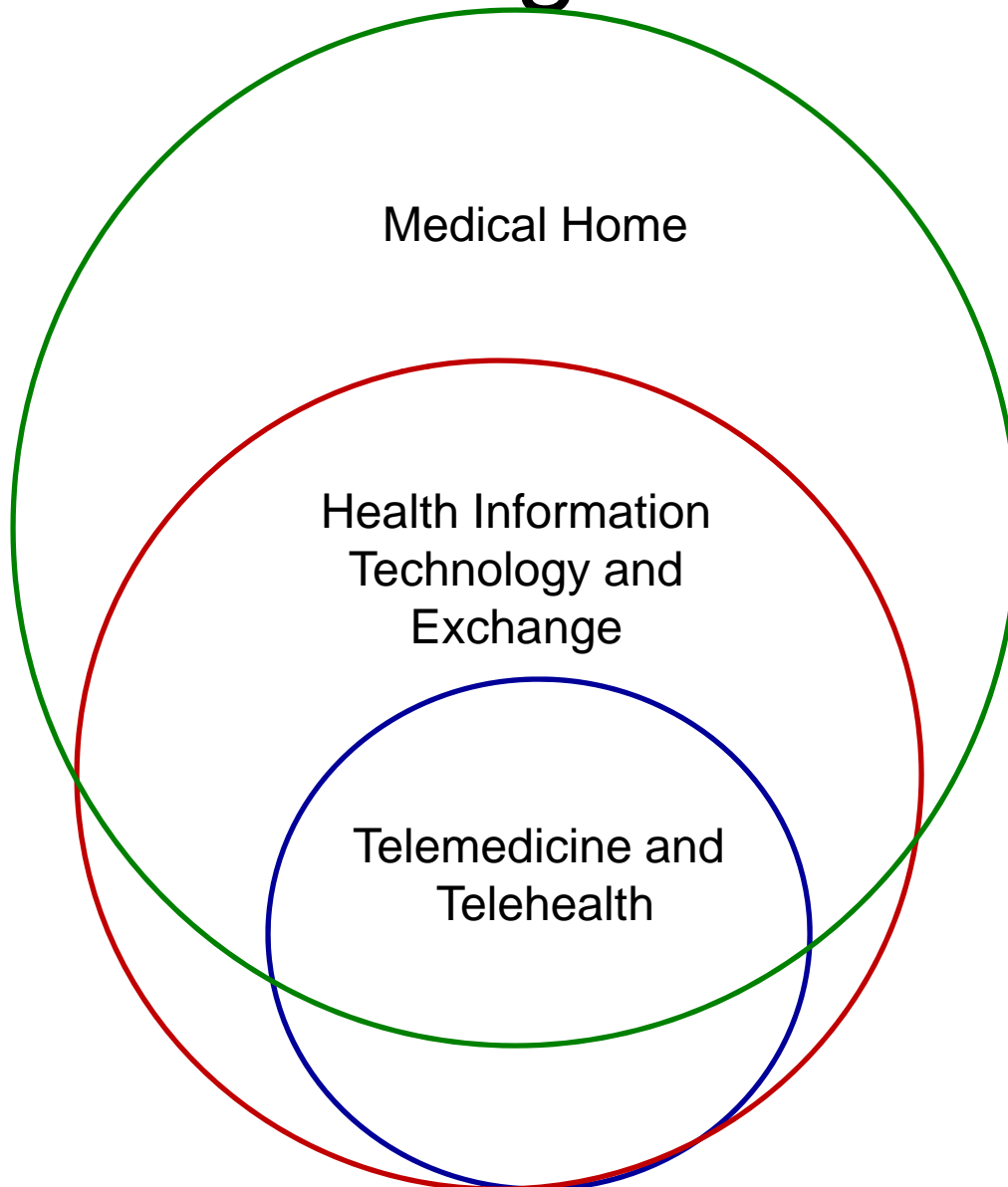


HIT/HIE & Medical Home Model: Kansas HI TECH Plan

March 2, 2009

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Alignment of Initiatives



Goals:

- **Improve health**
- **Improve coordination of care**
- **Reduce duplication of services**
- **Contain health care costs**
- **Obtain one time federal stimulus dollars for Kansas**



Federal Stimulus Package

- **Improving Care Coordination:** Saving the government \$10 billion, and generating additional savings throughout the health sector, through improvements in quality of care and care coordination, and reductions in medical errors and duplicative care.
- **Investment in HIT/HIE:** Investing \$19 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors and hospitals to use HIT to electronically exchange patients' health information.
- **Providing funds to States:** Legislation provides funding for health information technology infrastructure, training, dissemination of best practices, telemedicine, inclusion of health information technology in clinical education, and State grants to promote health information technology.

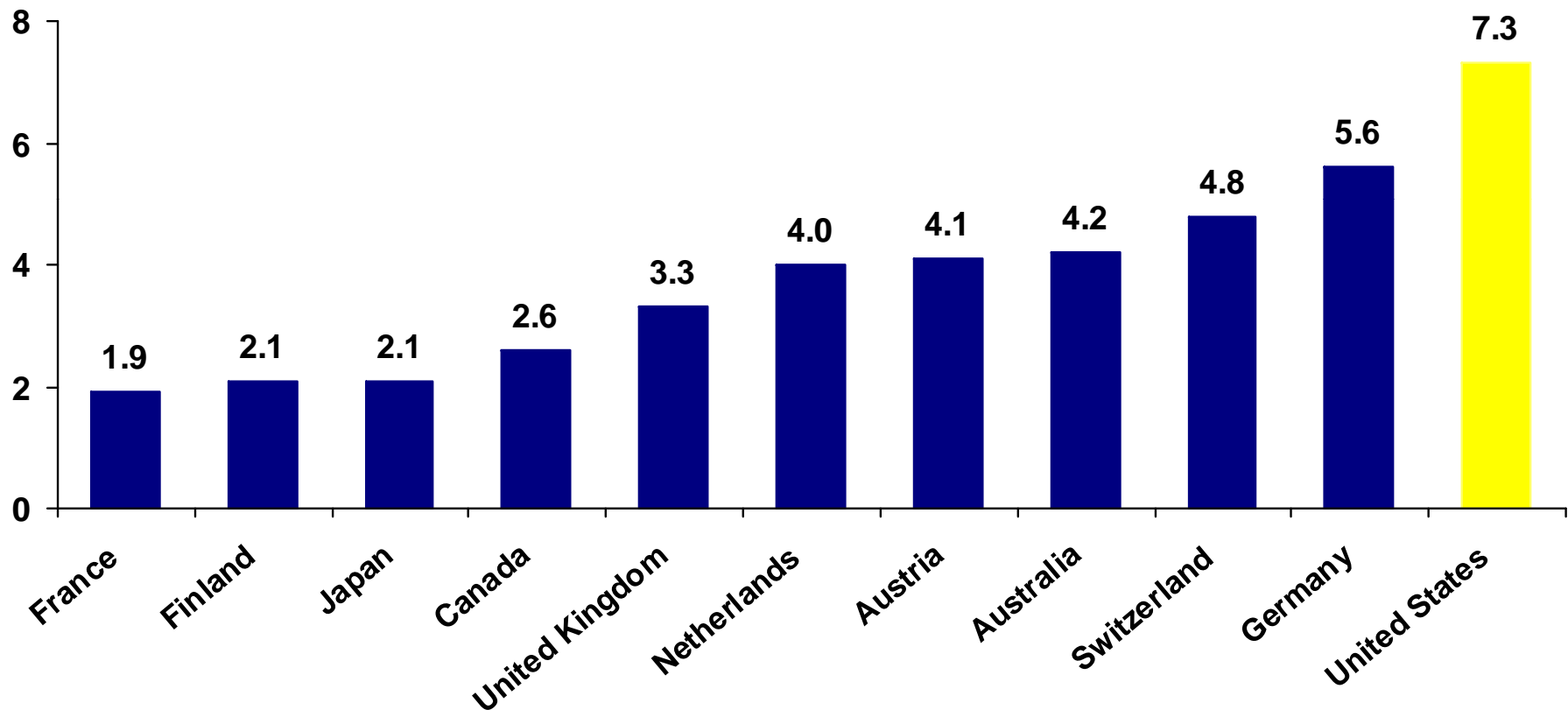


Background: Health Care Challenges

EFFICIENCY

Percentage of National Health Expenditures Spent on Health Administration and Insurance, 2003

Net costs of health administration and health insurance as percent of national health expenditures



a 2002 b 1999 c 2001

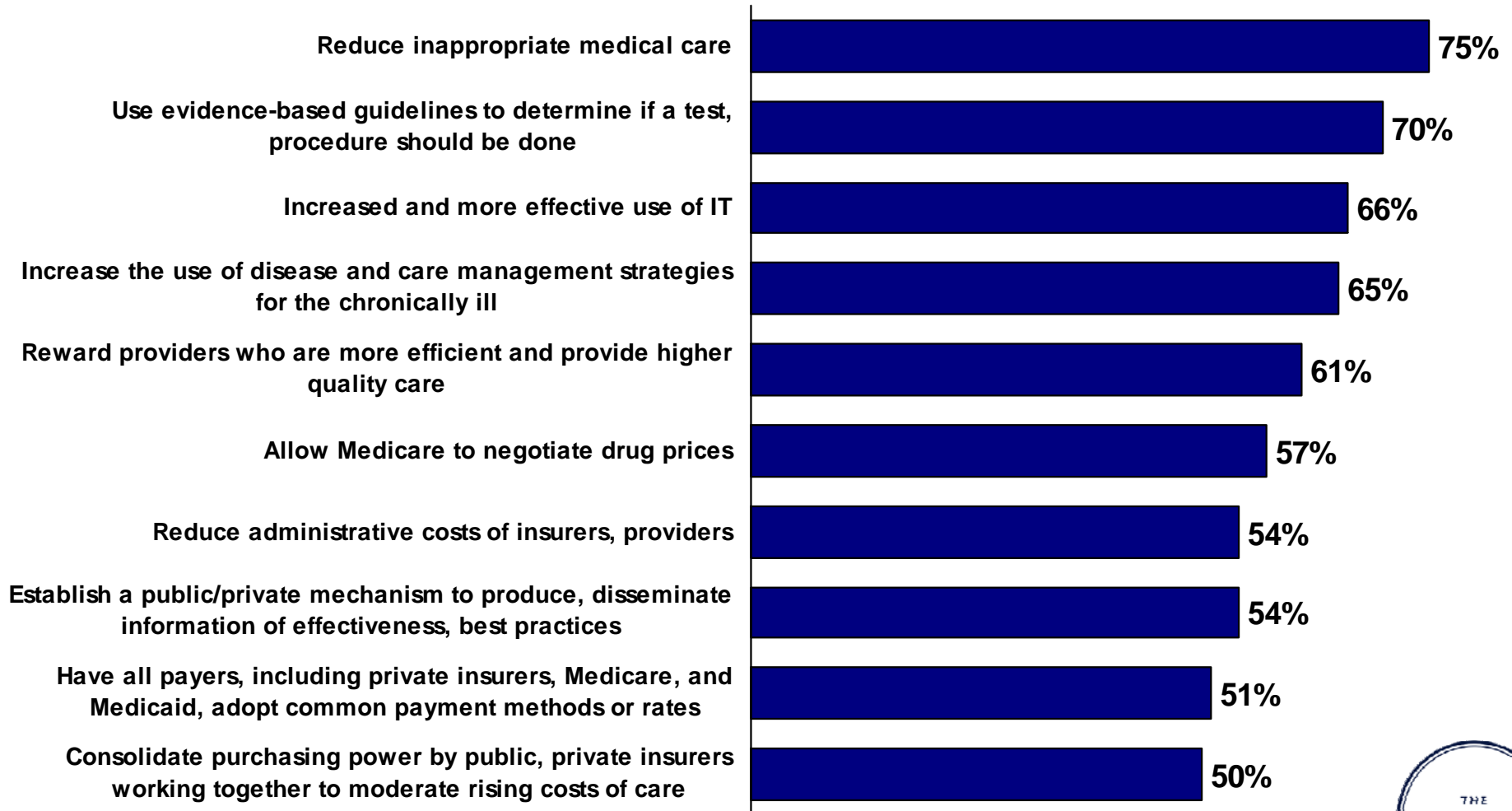
* Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.

Data: OECD Health Data 2005.



Health Care Opinion Leaders: Views on Controlling Rising Health Care Costs

“How effective do you think each of these approaches would be to control rising costs and improve the quality of care?”
Percent saying “extremely/very effective”



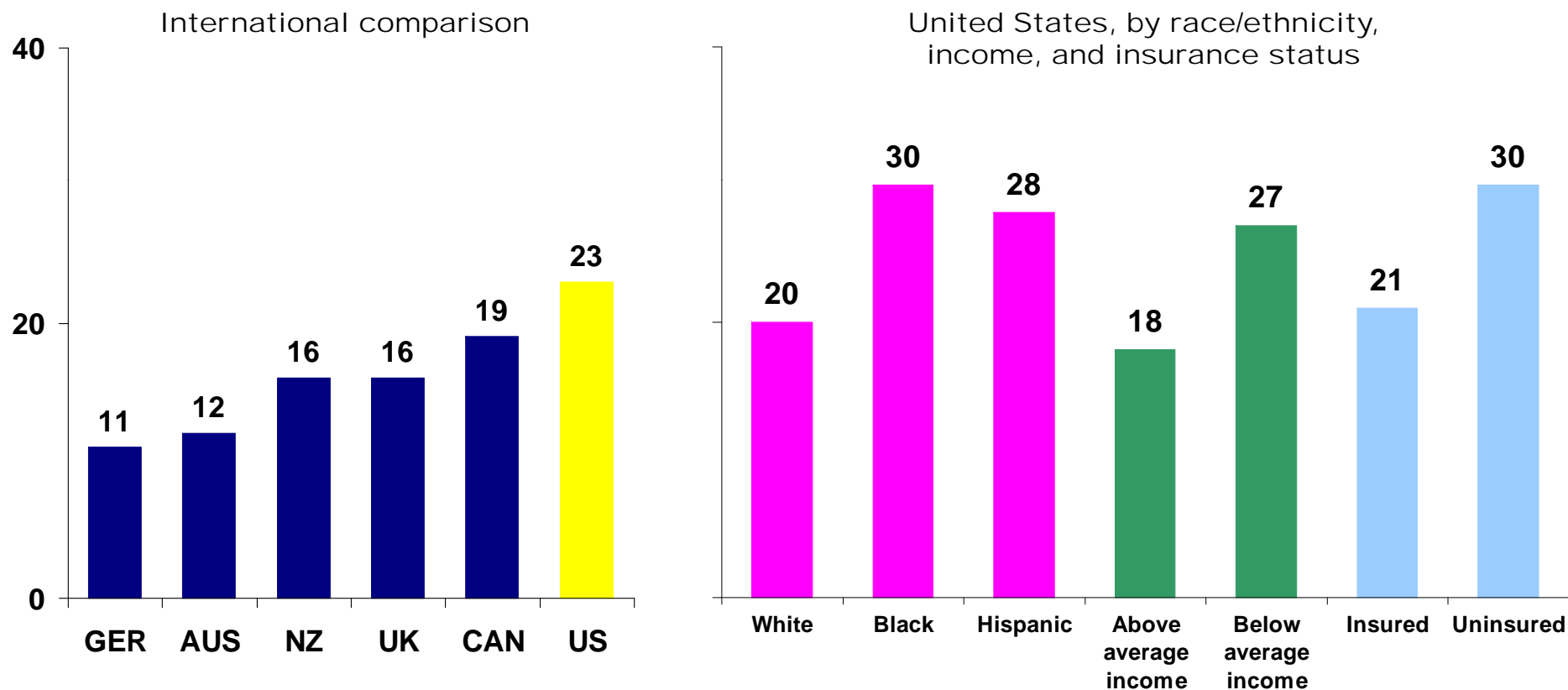
Note: Based on a list of 19 issues.

Source: The Commonwealth Fund Health Care Opinion Leaders Survey, Jan. 2007.



Test Results or Medical Record Not Available at Time of Appointment, Among Sicker Adults, 2005

Percent reporting test results/records not available at time of appointment in past two years



GER=Germany; AUS=Australia; NZ=New Zealand; UK=United Kingdom; CAN=Canada; US=United States.

Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



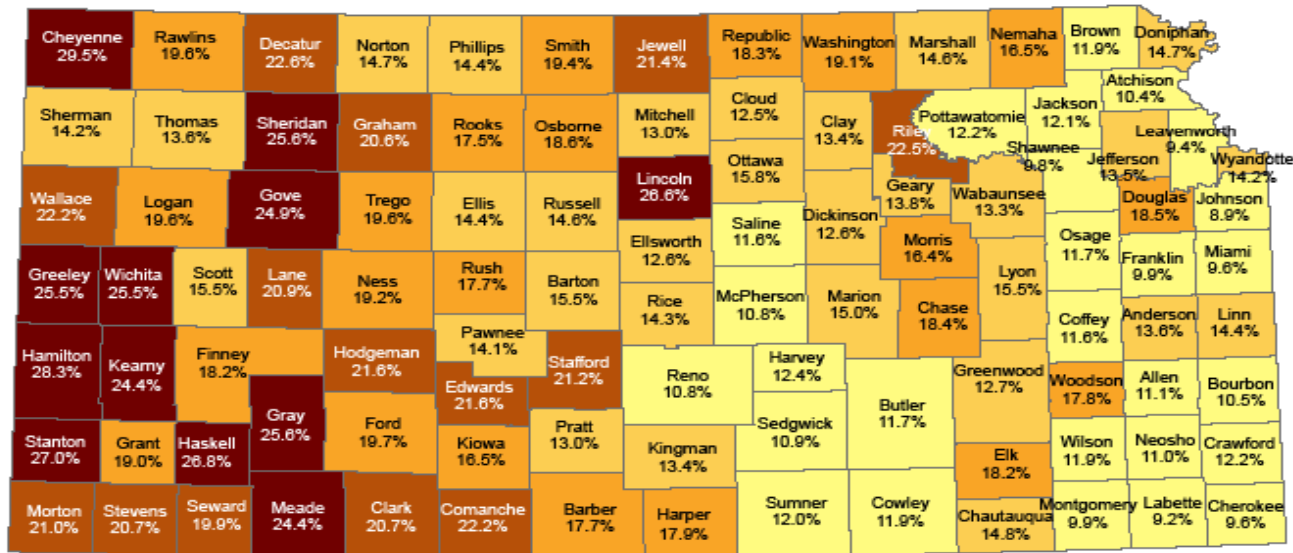


Getting Value for Money: Health System Transformation

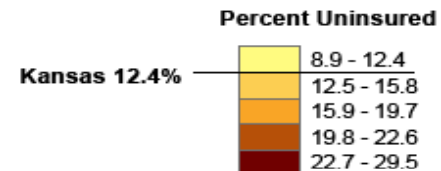
- Transparency; public information on clinical quality, patient-centered care, and efficiency by provider; insurance premiums, medical outlays, and provider payment rates
- Payment systems that reward quality and efficiency; transition to population and care episode payment system
- Patient-centered medical home; Integrated delivery systems and accountable physician group practices
- Adoption of health information technology; creation of state-based health insurance exchange
- National Institute of Clinical Excellence; invest in comparative cost-effectiveness research; evidence-based decision-making
- Investment in high performance primary care workforce
- Health services research and technical assistance to spread best practices
- Public-private collaboration; national aims; uniform policies; simplification; purchasing power

Where are the uninsured in Kansas?

Percent of People Under 65 without Health Insurance by Kansas County
2005

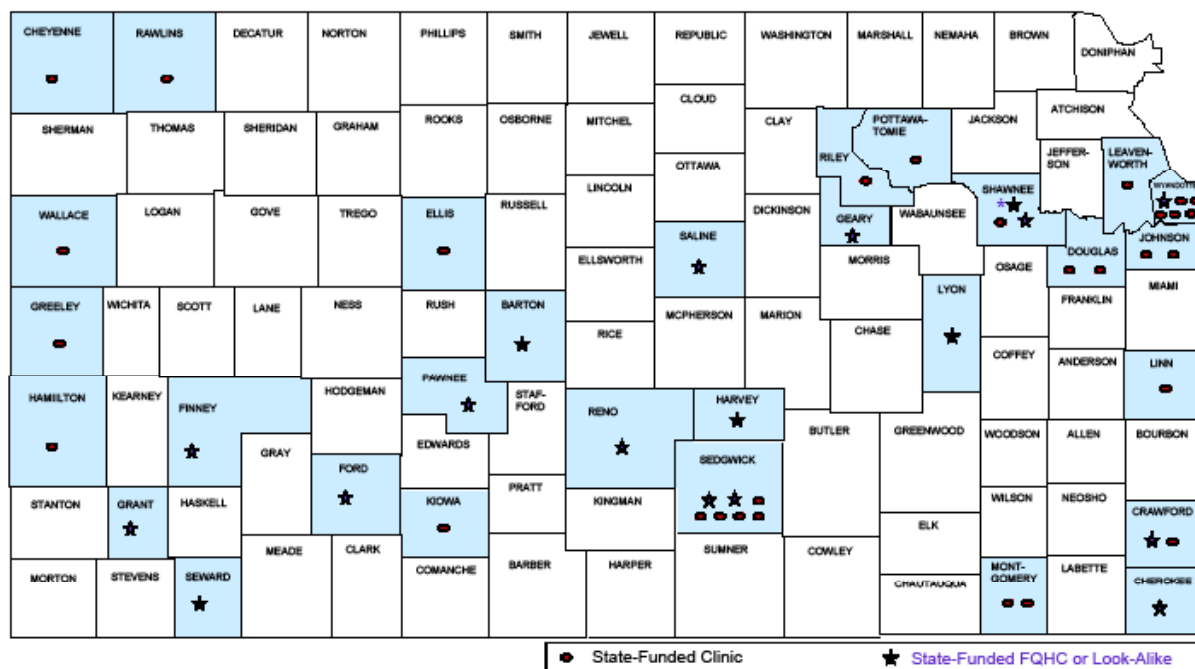


Source: Institute for Policy & Social Research; data from the U.S. Census Bureau, Small Area Health Insurance Estimates, 2005.



Safety Net Clinic locations in Kansas

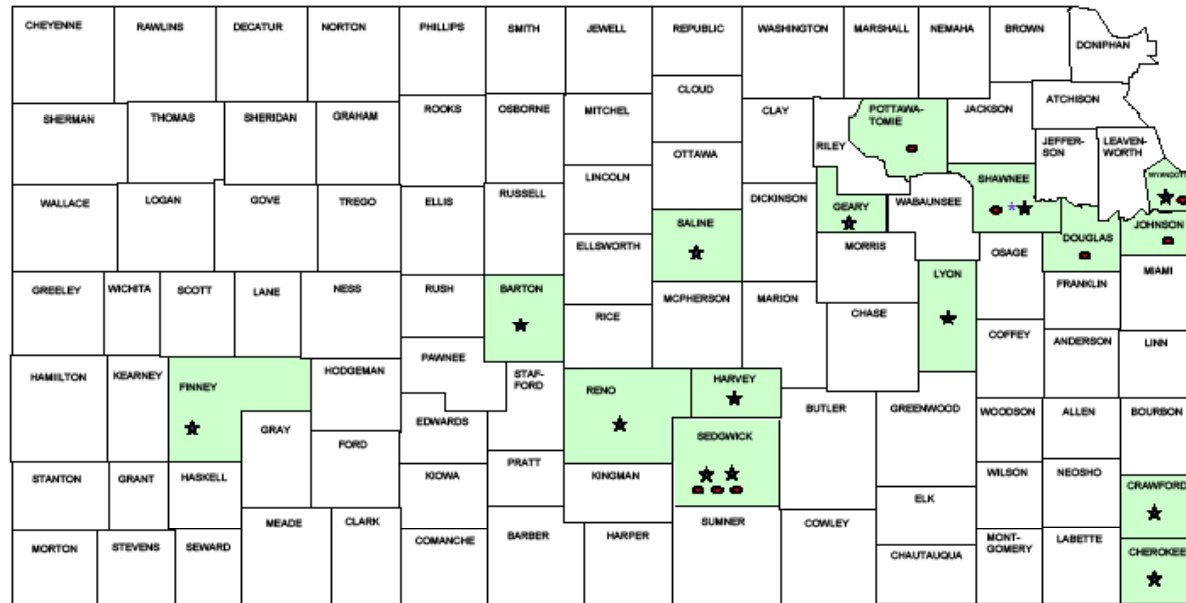
2009 State-funded Clinic Sites by County



- Barton:** We Care Project
- Cherokee:** Community Health Center of Southeast Kansas
- Cheyenne:** Cheyenne County Hospital Clinics
- Crawford:** Community Health Center of Southeast Kansas
Mercy Health System
- Douglas:** Health Care Access
Heartland Clinic
- Ellis:** First Care Clinic
- Finney:** United Methodist Mexican-American Ministries
- Ford:** United Methodist Mexican-American Ministries
- Geary:** Konza Prairie Community Health Center
- Grant:** United Methodist Mexican-American Ministries
- Greeley:** Greeley County Family Practice
- Hamilton:** Hamilton County Family Practice
- Harvey:** Health Ministries Clinic (Look-Alike)
- Johnson:** Health Partnership Clinic of Johnson County
Mercy and Truth Medical Missions
- Kiowa:** Kiowa County Hospital Clinics
- Leavenworth:** St. Vincent Clinic (Caritas)
- Linn:** Mercy Health System
- Lyon:** Flint Hills Community Health Center
- Montgomery:** Mercy Health System
Montgomery County Community Clinic
- Pawnee:** We Care Project
- Pottawatomie:** Community Health Ministry
- Rawlins:** Rawlins County Health Department
- Reno:** PrairieStar Community Health Center
- Riley:** Riley County-Manhattan Health Department
- Saline:** Salina Family Healthcare
- Sedgwick:** Center for Health and Wellness
E.C. Tyree Health and Dental Clinic
Good Samaritan Clinic
GraceMed Health and Dental Clinic
Guadalupe Clinic
Healthy Options Clinic
Hunter Health Clinic
- Seward:** United Methodist Mexican-American Ministries
- Shawnee:** Marian Clinics
Shawnee County Health Agency
- Wallace:** Wallace County Family Practice
- Wyandotte:** Duchesne Clinic (Caritas)
Mercy and Truth Medical Missions
Silver City Health Center
Southwest Blvd. Family Health Care
Swope Health Services
Turner House Children's Clinic
- *Statewide:** Kansas Statewide Farmworker Health Program

Medicaid Dental Providers in Kansas

2009 State-funded Dental Clinic Sites by County



Barton: We Care Project
Cherokee: Community Health Center of Southeast Kansas
Crawford: Community Health Center of Southeast Kansas
Douglas: Health Care Access
Finney: United Methodist Mexican-American Ministries
Geary: Konza Prairie Community Health Center
Harvey: Health Ministries Clinic (Look-Alike)
Johnson: Health Partnership Clinic of Johnson County
Lyon: Flint Hills Community Health Center
Pottawatomie: Community Health Ministry
Reno: PrairieStar Community Health Center

Saline: Salina Family Healthcare
Sedgwick: Center for Health and Wellness
 E.C. Tyree Health and Dental Clinic
 GraceMed Health and Dental Clinic
 Healthy Options Clinic
 Hunter Health Clinic
Shawnee: Marian Clinics
Wyandotte: Southwest Blvd. Family Health Care
 Swope Health Services

★ State-Funded FQHC or Look-Alike

● State-Funded Clinic

*Statewide: Kansas Statewide Farmworker Health Program



Coordination of Care Initiatives in Kansas

- Medical Home
- Health Information Technology/Exchange
- Telemedicine/Telehealth

2009 Health Reform Priorities

Statewide Clean Indoor Air

- Smoking is the number one preventable cause of death in Kansas. Each year, tobacco causes over 4,000 Kansas deaths, including 290 deaths attributable to second-hand smoke.
- Tobacco generates nearly \$930 million in health care costs annually.
- If the current trend continues, 54,000 Kansas youth are projected to die from smoking.
- 83% of Kansans believe smoking is a serious health hazard.
- At least 36 states, including neighboring states, have imposed restrictions on smoking in public places.

Increased Tobacco User Fees

- A 10% increase in the price of a pack of cigarettes is associated with a 4% drop in tobacco use.
- Half of all Kansas smokers started smoking before the age of 14. Among teens, a cigarette price increase has been shown to result in a 7% reduction in smoking.
- The current excise tax on a pack of cigarettes in Kansas is \$.79 but tobacco use costs Kansans the equivalent of \$.86 per pack of cigarettes sold to pay for the tobacco-related illnesses of Medicaid recipients alone. KHPA recommends increasing the tobacco user fee by \$.75 per pack, which would provide approximately \$68.7 million in revenues in fiscal year 2010.

Increased Access to Affordable Health Care & Health & Wellness

- Medicaid for Poor Parents: KHPA recommends expanding Medicaid to include parents earning up to federal poverty level, \$1,467 per month for a family of three.
- Improving access to affordable health insurance for small businesses and young adults.
- Implementing a statewide Community Health Record
 - Providing additional funding for breast and cervical screening, and expand the program to include screening for prostate and colorectal cancer to prevent illness and death from failure to timely detect those diseases; expanding the coordinated school health program; providing wellness grants for small businesses.
 - Providing tobacco cessation programs for Medicaid recipients.

Medical Home-Key Elements

- Team approach to care
- Registries for the top few diagnoses
- Active care coordination
- Prospective data collection
- Partnership with community resources
- Advanced patient education and self management support



How Will I Know One When I See One?

- Commitment to care for the whole person
- Demonstrated use of tools and systems including registries and eventually EHR
- New NCQA medical home recognition program (PPC)
- Patient satisfaction and health outcomes



PCMH-PPC Proposed Content and Scoring

Standard 1: Access and Communication A. Has written standards for patient access and patient communication** B. Uses data to show it meets its standards for patient access and communication**	Pt 4 5 9	Standard 5: Electronic Prescribing A. Uses electronic system to write prescriptions B. Has electronic prescription writer with safety checks C. Has electronic prescription writer with cost checks	Pts 3 3 2 8
Standard 2: Patient Tracking and Registry Functions A. Uses data system for basic patient information (mostly non-clinical data) B. Has clinical data system with clinical data in searchable data fields C. Uses the clinical data system D. Uses paper or electronic-based charting tools to organize clinical information** E. Uses data to identify important diagnoses and conditions in practice** F. Generates lists of patients and reminds patients and clinicians of services needed (population management)	Pt 2 3 3 6 4 3 21	Standard 6: Test Tracking A. Tracks tests and identifies abnormal results systematically** B. Uses electronic systems to order and retrieve tests and flag duplicate tests	Pts 7 6 13
Standard 3: Care Management A. Adopts and implements evidence-based guidelines for three conditions ** B. Generates reminders about preventive services for clinicians C. Uses non-physician staff to manage patient care D. Conducts care management, including care plans, assessing progress, addressing barriers E. Coordinates care//follow-up for patients who receive care in inpatient and outpatient facilities	Pt 3 4 3 5 5 20	Standard 7: Referral Tracking A. Tracks referrals using paper-based or electronic system**	PT 4 4
Standard 4: Patient Self-Management Support A. Assesses language preference and other communication barriers B. Actively supports patient self-management**	Pt 2 4 6	Standard 8: Performance Reporting and Improvement A. Measures clinical and/or service performance by physician or across the practice** B. Survey of patients' care experience C. Reports performance across the practice or by physician ** D. Sets goals and takes action to improve performance E. Produces reports using standardized measures F. Transmits reports with standardized measures electronically to external entities	Pts 3 3 3 2 1 15
		Standard 9: Advanced Electronic Communications A. Availability of Interactive Website B. Electronic Patient Identification C. Electronic Care Management Support	Pts 1 2 1 4

** Priority Elements



Senate Bill 81: Defining Medical Home

- “a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventative care, and to coordinate the patient’s health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.”



Operationalizing Medical Home

Goal: Create a medical home model(s) for Kansas through payment reforms

- Technical Support: through State Quality Initiative (RWJ/Academy Health) – Kansas work plan
- Kansas All Stakeholders Group:
 - Principles subgroup
 - Pilot Projects subgroup
 - Communications subgroup
- Challenge: *How to leverage federal stimulus dollars to advance Medical Home?*



Health Information Technology (HIT) & Health Information Exchange (HIE)

Importance of HIT/HIE

- Need for Health Information Exchange/ Health Information Technology (HIE/HIT)
 - Promote coordination of care
 - Improve quality of care
 - Improve patient safety
 - Potential for achieving long term cost savings
- HIT/HIE fosters coordination of care and implementation of medical home model of care



Improving Quality through Health Information Technology

“If we want safer, higher quality care, we will need to have redesigned systems of care, including the use of information technology to support clinical and administrative processes...the current care systems cannot do the job. Trying harder will not work. Changing systems of care will”

*Crossing the Quality Chasm, Institute of Medicine*₂₁



Federal HIT/HIE Initiatives



HIT/HIE at the Federal Level

- President Bush placed a significant focus on HIT/HIE Initiatives
- Created the Office National Coordinator for Health Information Technology (ONCHIT) in 2004
- Call for widespread adoption of Electronic Health Records (EHR) by 2014
- President's Aug 2006 Executive Order requiring Government departments and agencies involved in health care to adopt HIT standards

Obama: American Recovery and Reinvestment Act (ARRA)

Policy Changes in ARRA

- Federal interoperability standards by 2010 that allow for the nationwide electronic exchange and use of health information
- Strengthens federal privacy and security law to protect from health information misuse

Financial Incentives

- \$2 billion in competitive grants for HIT infrastructure; \$1.5 billion for FQHCs
- Investing \$17 billion for Medicare and Medicaid incentives to encourage doctors and hospitals to use HIT to electronically exchange patients' health information.



History of Kansas HIT/HIE Initiatives



Progression of HIT/HIE in Kansas

Governor's Health Care Cost Containment Commission (H4C)

November 2004



Kansas HIT/HIE Policy Initiative

Fall 2005



Kansas HIE Commission

March 2006

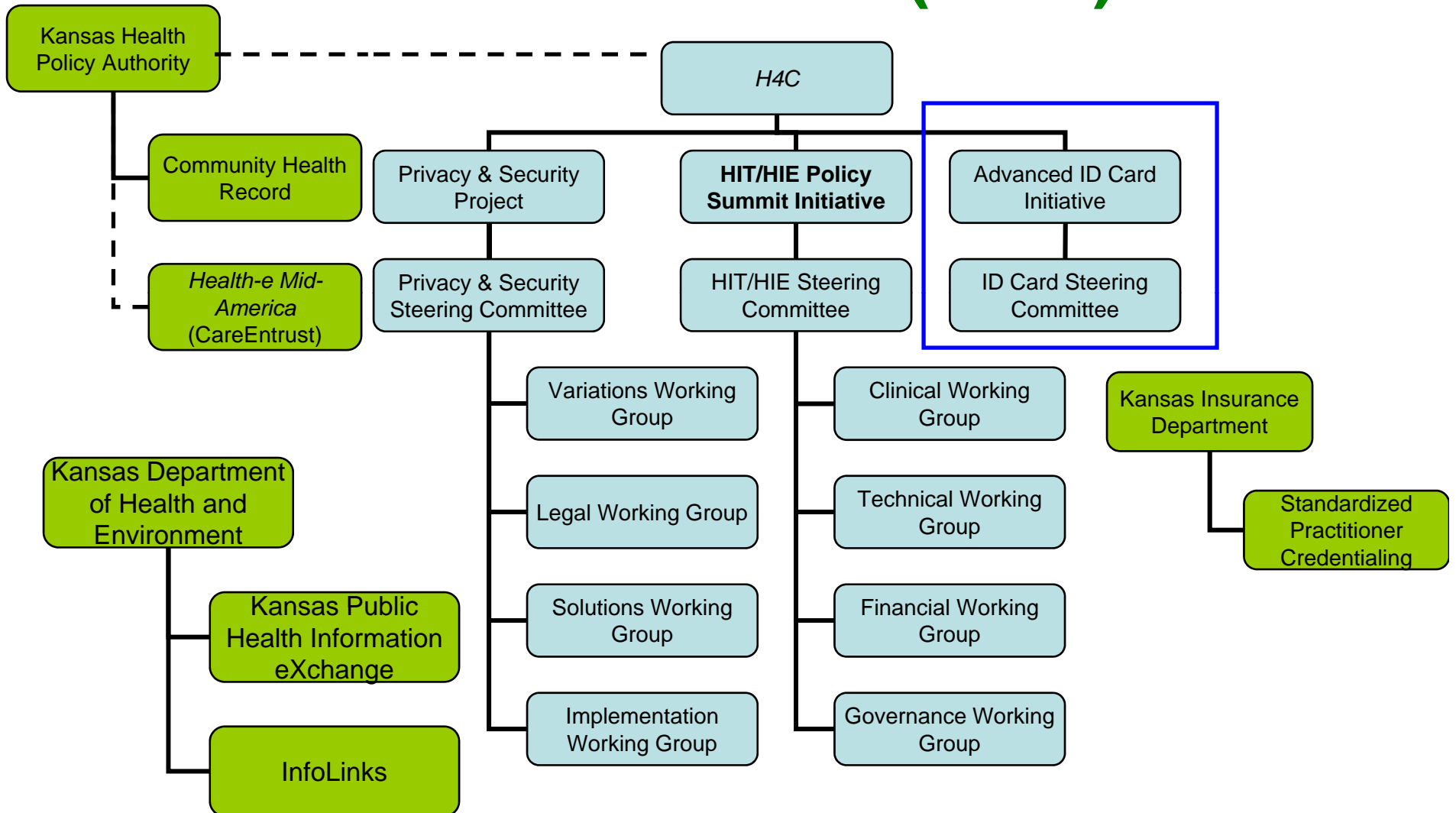


**E-Health Advisory Council
(Advisory to KHPA Board and Governor)**

Spring 2008



Kansas HIE Initiatives Overview (2004)





Kansas: Health Care Cost Containment Commission (H4C)

- **History:** Established in November 2004 by Gov Sebelius, under direction of Lt. Gov John Moore
- **Charge:** Recommend solutions to improve patient care and lower costs by (1) reducing duplicative and inefficient administration processes and (2) developing strategies for efficient and effective use of health information
- **Results:** Development of a statewide shared vision for HIT/HIE – the “HIE Roadmap”



HIT/HIE Policy Initiatives: Roadmap

- **Charge:** Develop shared vision for adoption of HIT & interoperability in KS; draft set of key principles & high level actions for statewide E-Health Information strategy
- **Work Groups:** Make recommendations on HIE infrastructure
 - **Governance:** develop sustainable governance model (oversight, coordination, direction)
 - **Clinical:** recommend data elements to be exchanged
 - **Technical:** assess HIE capability, identify gaps/barriers to address
 - **Financial:** develop sustainable financial model for infrastructure development and ongoing HIE
 - **Security and Privacy:** (Health Information Security and Privacy Collaboration or “HISPC”) – develop implementation plan to address barriers to interoperable HIE
- **Financial Support:** Sunflower Foundation, United Methodist Health Ministry Fund, Kansas Health Foundation, and Kansas Health Policy Authority



Kansas Roadmap & Progress

- Create public-private coordinating entity: *E-health Advisory Council*
- Provide stakeholder education: *Kansas Health Online*
- Leverage existing resources: *KHPA has two ongoing Health Information Exchange (HIE) pilots: Sedgwick County (Medicaid managed care); KC Metro Area (state employees)*
- Demonstrate impact of HIE and foster incremental change: *HIE pilots; challenges re: interoperability, sustainable funding, ROI*
- Address privacy and security barriers: *Kansas HISPC Project (I, II, and III)*
- Seek funding from multiple sources: *Request for SGF in FY 09 and FY 2010; looking for foundation support for HIT/HIE and medical home model of health care delivery*



Health Information Exchange Commission (HIEC)

- **History:** Governor's Executive Order established the Commission Feb, 2007
- **Charge:** To serve as a leadership and advisory group for HIE/HIT in Kansas
- **Results:**
 - Report of the HIEC delivered to the Governor for her consideration
 - HIEC Recommended:
 - Establishment of a public/private coordinating entity
 - Resource support for HIT/HIE efforts in Kansas



E-Health Advisory Council

- **History:** Given KHPA's statutory charge to coordinate health care for Kansas, Governor requested KHPA to guide development and administration of statewide health information technology and exchange
- **Charge:** E-Health Information Advisory Council reports to Governor and KHPA, focus on:
 - Statewide Community Health Record
 - Develop and implement resource center for providers wishing to implement HIT/HIE
 - Develop policy recommendations to advance HIT/HIE in Kansas



Statewide Community Health Record

- Health Information Technology and Exchange:
 - Facilitate sharing, exchange of health records
 - Promote safety and improve quality
 - Improve efficiency and promote cost savings
- Two ongoing pilot projects
 - Wichita: HealthWave managed care providers
 - KC Area: State employees participating in employer sponsored initiative
- Expand statewide for Medicaid and SEHP
- Budget Impact FY 2010: \$1,096,000 (AF); \$383,600 (SGF)



Kansas Medicaid

Community Health Record (CHR)

- **Location:** Sedgwick County, KS
- **Pilot Population:** Medicaid Managed Care
- **Purpose:** To improve the quality, safety, and cost-effectiveness of care
- **Timeline:**
 - Launched in Feb 2006
 - Currently implemented in 20 sites
 - Submitted a budget enhancement request of \$50,000 SGF for FY 2009 to expand program to 20 additional sites in Sedgwick County
 - Statewide expansion included in KHPA Board health reform recommendations for 2008 legislative session

CareEntrust: Kansas City Health Exchange

- **Location and Participants:** Non-profit organization comprised of around 20 of Kansas City's leading employers and health care organizations including Kansas State Employee Health Plan (for KC residents)
- **Purpose:** To develop and manage the CHR as a means to improving patient safety and avoiding costly and wasteful health care practices
- **Timeline:** Developed a business plan for a Regional Health Information Exchange that governs and manages a CHR for Wyandotte, Leavenworth, and Johnson Counties – Kansas SEHP beginning this month



Health Information Security and Privacy Collaboration (HISPC)

- **Funding:** Federal Health and Human Service Grant funded through RTI International
 - Partnership with the National Governor's Association
- **Purpose:** Statewide assessment of business practices and policies around HIE; identify barriers to interoperable HIE; develop solutions
- **HISPC I, II, and III in Kansas:**
 - Sponsored by Governor's Health Care Cost Containment Commission (H4C); Kansas one of 34 states awarded subcontract
 - **Public-Private Project Team:** KHI – project manager, KU Center for Health Informatics, and KHPA, Mid-America Coalition on Healthcare, Lathrop & Gage, other stakeholders
 - **Developed Tool to Assist States Harmonize Privacy Laws**



Numerous Other Projects

- Central Plains Regional Health Care Foundation – Clinics Patient Index
- Community Health Center (Health Choice) Project
- Jayhawk Point of Care (POC)
- Northwest Kansas Health Alliance
- Kansas Public Health eXchange (PHIX)
- Kansas City Quality Improvement Consortium
- KAN-ED
- Other Projects: Rural Outreach, KC Carelink, KC Bi-State Health Information Exchange



Tying it all together



Future of these Initiatives

- **Through ARRA, role for federal leadership re: interoperability and privacy protections**
- State of Kansas:
 - Well positioned to develop plan for federal funding given work of the Governor's Cost Containment Commission, the Kansas HIE Commission, the Health Information Security and Privacy Collaboration, E-health Advisory Council, and myriad others
 - **Goal: Improve coordination of care of health outcomes**
 - Incentivize the use of electronic health information, HIE, telemedicine, etc
 - Leverage these resources consistent with a medical home model of care delivery

Federal HI TECH Act

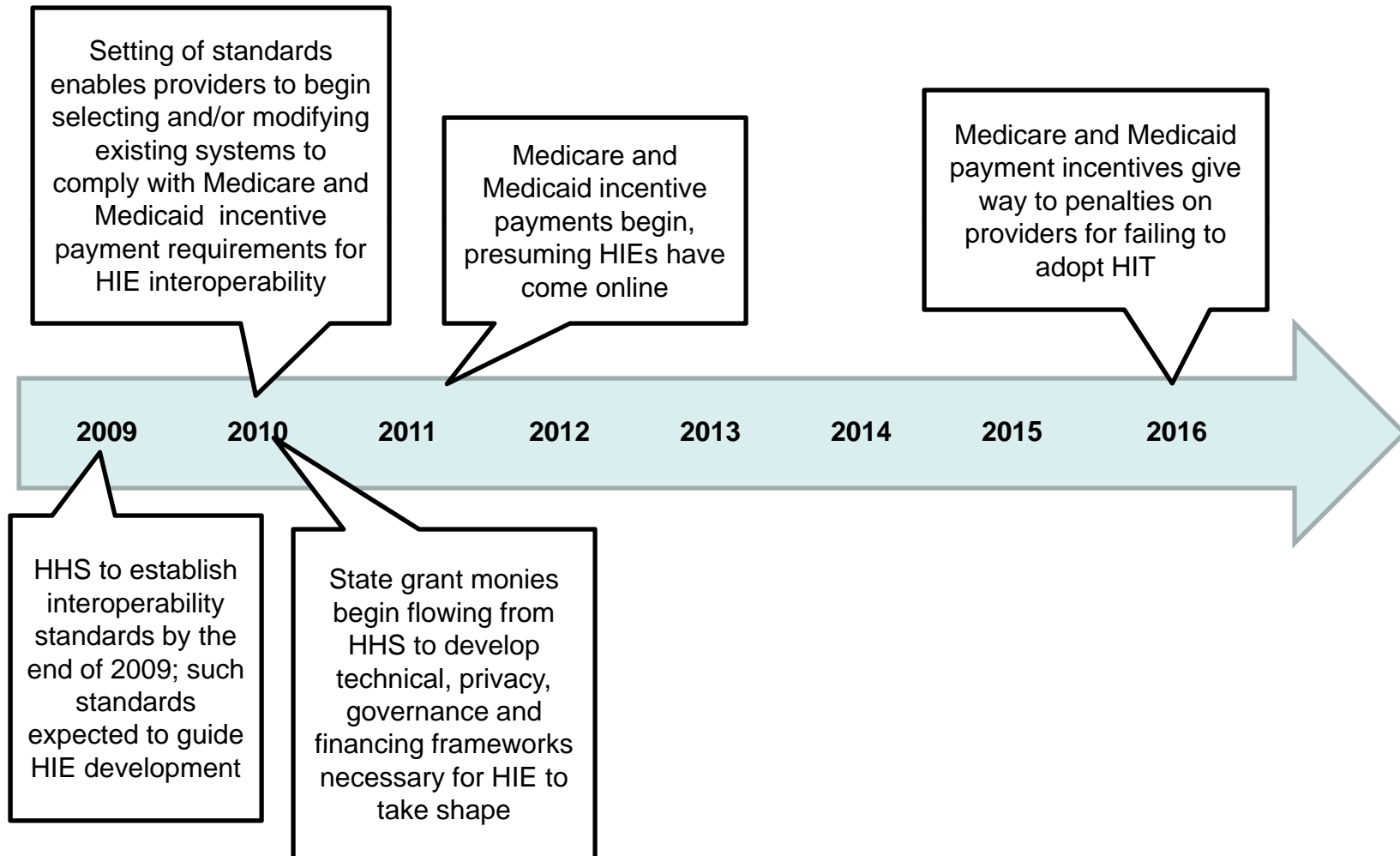
- HIT/HIE provisions of ARRA
- HITECH: Health Information Technology for Economic and Clinical Health Act
- Create Kansas HITECH Plan –
 - Merge efforts of various initiatives (both HIT/HIE and medical home) into comprehensive plan
 - Determine list of “shovel ready” projects appropriate for funding
 - Bring stakeholders together to determine priorities and get to work



Aligning KS HITECH Plan

Federal Interoperability Standards	Health Information Privacy and Security	\$2 B in Grants and loans to purchase HIT ; \$1.5 B for FQHCs	Payment incentives in Medicaid/Medicare for EHR
<p>Kansas standards team to monitor federal work to ensure alignment – providers will benefit from federal interoperability standards that will ease health information exchange – select team to</p>	<p>Kansas HISPC team can be integrated into KS HITECH plan via development and implementation of state harmonization laws and rural consumer education</p>	<p>Kansas grant team to develop funding priorities from list of shovel ready projects that promote medical home model of care or follow specifics of ARRA federal funding guidelines (not yet published)</p>	<p>Kansas payment incentives team to track rules and regulations for increased provider reimbursement for those providers utilizing electronic health information and provide education for interested providers</p>

Foundation of Research and Education of AHIMA/State Level Health Information Exchange



Foundation of Research and Education of AHIMA/State Level Health Information Exchange

<p><u>Funding Mechanism</u> Appropriations, subject to annual review & authorization</p>	<p><u>Payment Agent</u> States or state-designated entities</p>
<p><u>Payment Recipients</u></p> <ul style="list-style-type: none"> •State Department of Health or a <u>qualified</u> state-designated HIE governing entity. •Recipients must consult with wide range of stake holders throughout health care. 	<p><u>Level of Funding</u></p> <ul style="list-style-type: none"> •At least \$300 million in grants to be divided among planning & implementation activities. •State matching funds <u>may</u> be required in FY 09 & 10 (and <u>will</u> be required in FY 11)
<p><u>Requirements for Funding</u></p> <ul style="list-style-type: none"> •Submission of a plan, approved by HHS, that describes the activities to facilitate and expand the electronic movement and use of HIE according to nationally recognized standards and implementation specifications. 	
<p><u>Use of Funds</u></p> <ul style="list-style-type: none"> •Enhancing broad and varied participation in nationwide HIE •Identifying State or local resources available towards a nationwide effort to promote health IT •Complementing other federal programs and efforts towards the promotion of health IT •Providing technical assistance to develop & disseminate solutions to advance HIE •Promoting effective strategies to adopt and utilize health IT in medically underserved communities •Assisting patients in utilizing health IT •Encouraging clinicians to work with Health IT Regional Extension Centers •Supporting public health agencies' access to electronic health information •Promoting the use of EHRs for quality improvement 	

Foundation of Research and Education of AHIMA/State Level Health Information Exchange

Consideration

- HIE provision distinguishes between planning and implementation grants, and it is likely that much larger grants will go toward implementation.
- Key characteristics for implementation funding TBD, but will likely involve:
 - An operating governance structure
 - A defined technical plan
 - Defined clinical use cases
 - Statewide policy guidance as to privacy and security
- There is an implicit onus on States to develop HIE infrastructure in the near-term to enable otherwise-eligible providers to earn their Medicare/Medicaid incentive payments.

Foundation of Research and Education of AHIMA/State Level Health Information Exchange

	Medicare	Medicaid
Funding mechanism(s)	Incentive payments	Incentive payments, State matching payments (administrative costs)
Payment Agent	Medicare carriers and contractors	State Medicaid agencies
Payment Recipients	Hospitals and physicians	Hospitals and physicians; State Medicaid agencies for administration
Amounts for Hospitals	\$2 million base amount	For eligible Acute Care & Children's hospitals...limited to amount calculated under Medicare, by Medicaid share
Amounts for physicians and other health professionals	May receive up to \$41,000	In aggregate, an eligible professional may receive up to 85 percent of \$75,000 over a five year period.
Key Consideration	<i>Hospitals will qualify for both Medicare and Medicaid dollars (unlike professionals) but will be forced to participate in HIE projects and be "meaningful user" to drawn down funds</i>	

*Coordinating health & health care
for a thriving Kansas*



<http://www.khpa.ks.gov/>