

Ohio Medicaid Business Intelligence Strategy

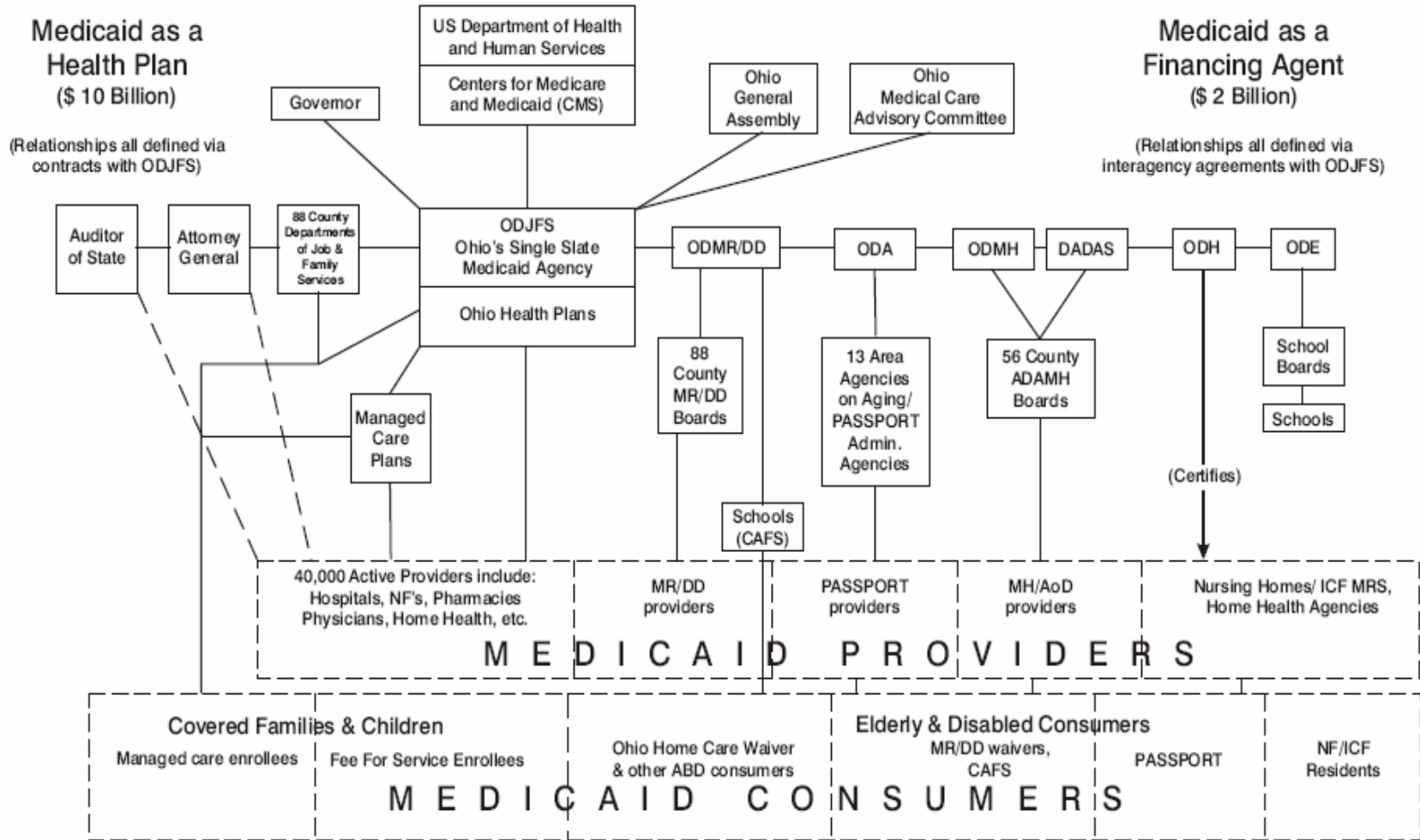
Meeting Expectations in a MITA Environment

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A Health Plan in Transition

- Movement of most (70%) Medicaid consumers into Medicaid managed care plans by March 2007.
- MITS Replacement of MMIS begins around January 2007.
- Planning for replacement of client eligibility system (CRIS-E) begins in January 2007.
- Medicaid will become a new State Department in SFY 2008.
- Enhancement of Data Warehouse begins in SFY 2008.

Major Organizational Relationships in Ohio's Medicaid Program



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BI and MITA

- New and emerging health information technology provides opportunity for new levels of decision support.
- Information lag between when a clinical event occurs and when it is recorded in a population based data warehouse is shrinking.
- Moving toward “Active Data Warehouse” where clinical events are recorded in near real time.
- Use of data not limited to strategic decision making, but extended to clinical decision making at the point of care.

BI and MITA Maturity

MITA Maturity Level

Level 1	Level 2	Level 3	Level 4	Level 5
Agencies comply with mandatory changes but lack technical flexibility. Program changes are costly and time consuming to implement.	Agencies introduce elements of flexibility in program design and selection of technology driven by requirements to manage costs and implement new programs.	Agencies improve on flexibility and adaptability through implementation of shared and extensible business services, adoption of national standards, increased collaboration among intra-state agencies, and use of state/regional information exchange.	Agencies benefit from immediate access to clinical data to speed up response time and improve accuracy of results in critical business processes.	Agencies extend the capability of flexibility and adaptability through national interoperability. Agencies collaborate on response to changes and share solutions intra- and inter-state.

BI and MITA Maturity

MITA Maturity Level – Decision Support Focus

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Strategic Decisions at a program and policy level</p>	<p>Evaluation of performance at a delivery system and provider level</p>	<p>Integration of data among multiple state agencies to evaluate performance</p>	<p>Integration of data into clinical decision support tools at the point of service.</p> <p>Involvement and engagement of the Medicaid beneficiary in their health and wellness</p>	

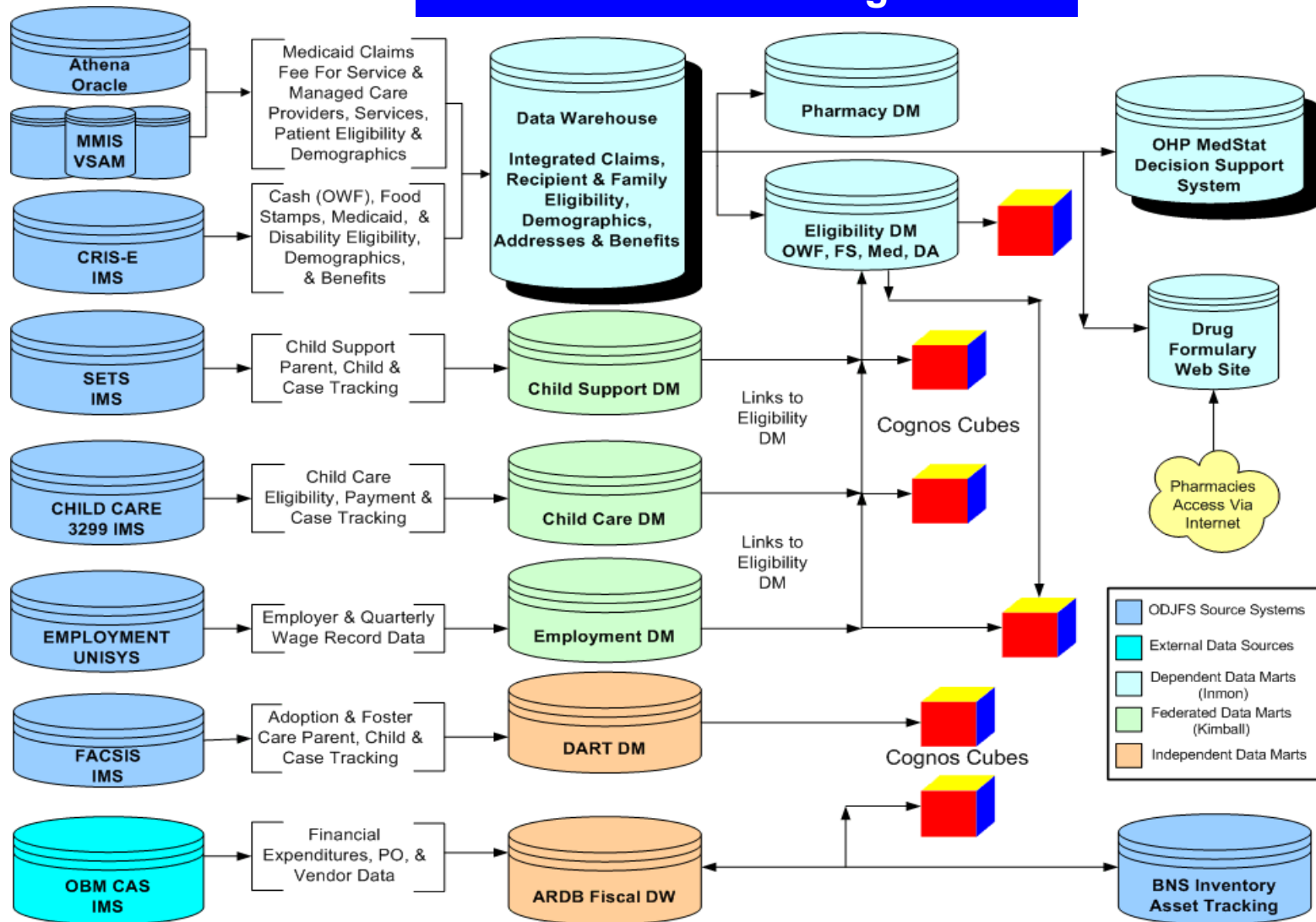
MITS Replacement of MMIS

- Ohio designated as a “MITA early adopter”.
- MITS goes beyond traditional MMIS applications.
 - Clinical alerts for practitioners at the point of care.
 - Involvement and engagement of the Medicaid beneficiary in their health and wellness
 - Interoperability with operational data systems from other state agencies to support care management

Data Warehouse Before MITA

- ODJFS began development of enterprise data warehouse in 1999.
- Implementation of Medicaid DW tables in 2002.
- Medicaid Decision Support System in 2003.
 - Implementation of Medstat Advantage Suite
 - Contract with Thomson Medstat through SFY 2009.
- All State Agencies with Medicaid administrative responsibilities have access by end of 2006.
 - A single version of the truth.
 - Shared platform for program management, program integrity, fraud and abuse detection, budget and forecasting.
- MITA Level 1 ½?

Data Warehouse Configuration



Data Warehouse Enhancement

- Interoperability with other state data systems
 - Medicaid Delivery Systems (Sister State Agencies, behavioral health, Waiver programs).
 - Registry Systems (Immunization, Chronic Disease, Cancer, lead screening, newborn screening)
 - Non-Medicaid Delivery Systems (WIC, Title V)
 - Provider licensure and certification
- Entity Identification Services –probabilistic matching – Provider and consumer

Data Warehouse Enhancements

- Movement from:
 - Three tier architecture; multiple dependent data marts; monthly data load
- Toward:
 - Active Data Warehouse; continuous data load
- Because:
 - Use for tactical decision making by providers and consumers at a patient level.
 - Frequent look-up. Triggered clinical alerts.
 - Requires shortest time possible between clinical event and data access.
- Summarization and enhancement tables not continuous
 - Clinical Aggregates and benchmarks that require complex logic for strategic decision making.

Data Warehouse Enhancements

- New Data Sources:
 - Near real-time updates of essential clinical events from EMRs and RHIOs
 - Collaboration with HealthBridge (RHIO in Cincinnati) to demonstrate value of moving clinical info between OHP and providers.

Data Warehouse Enhancements

- New era of Population Based “Predictive Medicine”
 - Use of data mining techniques on clinical data to develop predictive models of consumer and provider behavior linked to outcomes.
 - Predictive models used to populate triggered clinical alerts.
 - Testing of predictive validity of triggered clinical alerts using experimental design techniques.