



# **Kansas Medicaid Community Health Record Pilot Project**

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# Overview

- What is a Community Health Record
- Advantages of adopting
- Community Health Record pilot project in Kansas
  - Initial project
  - Current project
- Challenges and successes



# What is a Community Health Record?

- A patient's medical history aggregated across multiple provider sites including claimed medical visits, procedures, diagnoses, medications, demographics, allergies and sensitivities, immunizations, and lab results and health maintenance data
- Contains an e-Prescribing component
- Access controlled by the community



# What a Community Health Record is not

- It is not a complete medical record.
- It is not a medical record controlled by the beneficiary's provider.



# Advantages of Adopting a CHR

- Patient safety and cost savings due to e-Prescribing
  - Adverse drug event savings
  - Formulary-driven savings
  - Generic vs. brand savings
  - Problem driven medication ordering
  - Reduction in medication waste such as redundant orders



# Advantages of Adopting a CHR

- Reduced waste
  - Reduced inpatient admissions due to incomplete data
  - Reduced repeat outpatient visits due to incomplete data
  - Lower emergency department expenditures
  - Decrease in repeat or unnecessary laboratory tests
  - Decrease in repeat or unnecessary procedures



# Advantages of Adopting a CHR

- Fraud and abuse detection
- Provider efficiency
  - Reduced time on phone with labs getting results
  - Reduced time on phone with pharmacy clarifying prescriptions or obtaining prior authorization
  - Reduced time on phone with other providers
  - Increased throughput (due to time savings)



# Advantages of Adopting a CHR

- Facilitates care coordination and oversight
- Integrates clinical, financial, and administrative data
- e-Prescribing guides a clinician's workflow by enabling safe and cost-effective prescription management at the point-of-care



# Planning Tasks for Pilot

- Determine vision for CHR pilot
- Establish ongoing workgroups
- Letters of Intent
- ROI study
- Review data sources
- Assess proof of solution phasing and timeline
- Establish pilot sites
- Develop marketing communication strategy



# Pilot Goals and Objectives

- Provide qualitative and quantitative information about the value of the CHR pilot
- Make recommendations regarding project expansion and conditions under which expansion could take place
- Offer a no-cost, web-based solution to providers with expectations that they make a time commitment for training



# CHR Constraints

- Medical history is from 2005 to present based on claims information from the Medicaid Management Information System.
- Kansas gets lead screening data and not all lab results.
- Financial information refers to drug pricing.



# Administrative Data Feeds

- Beneficiary Demographics
- Lab test results (lead screens)
- Immunizations
- Prescriptions (dispensed medications)
- Visit history (procedures and diagnoses)



# Provider-Entered Information

- Visit history (notes)
- Allergies
- Vital signs
- Medications (self-reported: over the counter meds or meds prior to Medicaid eligibility)



# The Initial Pilot

- 1 Managed Care Organization
- 14,000 beneficiaries served
- 20 provider sites
- 1 county



# The Initial Pilot

- Reasons for selecting the chosen county included
  - High Medicaid volumes
  - Varying levels of automation, ranging from full EMR to paper only
  - Diverse venues of care
  - Progressive medical community



# Implementation Timeline

2005-2006 Event	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Proof of Solution/ Strategy Defined</b>	••	••	••						
<b>Assessment Planning/ Pilot Identification</b>	••	••	••	••					
<b>Tactical Execution/ System Ready</b>					•• CHR	•• CHR	•• eRx	•• eRx	
<b>End-User Training</b>					•• CHR	•• CHR	•• CHR	•• eRx	▶▶
<b>Support/Data Upload Management</b>				••	••	••	••	••	▶▶
<b>ROI Creation</b>		••	••	••	••				
<b>Demonstrate Solutions to State Leaders</b>						••	••		
<b>Evaluation of Benefits Derived</b>								••	▶▶



# Measuring Success

- Review literature of EMR type services
- On-site interviews
- Structured telephone interviews
- Quantitative evaluation using claims data to assess impact of CHR



# Evaluation Outcomes

- Literature Review
  - Information presented about the potential impact of the CHR in Kansas was not sufficient.
  - Peer-reviewed literature on the value of the EMRs was generally based on projections of return on investment, rather than actual assessment of actual impact.

# Evaluation Outcomes

- Interviews – onsite and telephone
  - Competing EMRs to the CHR were a significant factor
  - Primary care clinics were the most enthusiastic users of the CHR
  - Lack of resources for entering data and using all the outputs (self-entered data and claims-based data)



# Evaluation Outcomes

- Interviews – onsite and telephone
  - EPSDT tool was perceived to be “different” from normal tools used by the clinic staff
  - Anecdotal success stories were found, but no systematic reviews of successes
  - Duration of time between service date and date the provider submits to Medicaid is a shortfall



# Evaluation Outcomes

- Interviews – onsite and telephone
  - Pharmacy claims did not demonstrate a significant time lag so checking drug compliance was useful
  - Users reported satisfaction with e-prescribing component

# Evaluation Outcomes

- Quantitative Assessment
  - Adult population with chronic illness was one of the areas where the EMR was hypothesized to show value to Medicaid; however, the majority of records accessed by CHR users were generally for children
  - An independent evaluator experienced an inability to do an attribution evaluation due to lack of a common identifier linking users of the CHR to a unique identifier in claims data



# Evaluation Outcomes

- Qualitative Findings
  - Use and usefulness of CHR
  - Timeliness of CHR information
  - Relevance of information for preventive care, acute care and Rx
  - Value of e-prescribing
  - Presence of other electronic record systems



# Current Pilot

- 1 county – the initial county
- 2 different Managed Care Organizations
- 40 total sites (half being added in 2008)
- Different staff managing the pilot for both the vendor and Medicaid
- New functionality



# New Functionality

- MCO formulary information
- MCO claims data
- Fee-for-service formulary
- Multi-level Practitioner eRx routing
- Added link to Kansas immunization registry



# New Functionality

- eForms
  - Kansas-specific EPSDT form
  - Kansas Certificate of Immunization
  - Pediatric growth charts (viewing only)



# Pilot Expansion Timeline

<b>2008 Events</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>Selection of Expansion Sites</b>	••	••						••				
<b>Add NPI to eRx forms</b>					••							
<b>Add Web Link of Immunization Registry</b>								••				
<b>MCO Claims Data</b>										••		
<b>Domain Upgrade</b>										••		
<b>End-User Training</b>	••	••	••	••	••	••	••	••	••	••	••	••
<b>Support/Data Upload Management</b>	••	••	••	••	••	••	••	••	••	••	••	••
<b>Evaluation of Benefits Derived/Usage Reports</b>					••	••	••	••	••	••	••	••



# Challenges of Benefit Measures

- Quantifications of
  - adverse patient events that were missed due to alerts provided
  - times a provider changed drug choice after reviewing the patient's health plan formulary to shift prescribing patterns toward generic drugs and reducing out-of-pocket costs of consumer
  - times provider was unaware patient was doctor hopping for prescriptions



# Project Management Challenges

- Domain upgrade has been postponed from the original date due to the relative size of our pilot with other vendor initiatives
- The integration of one MCO claims information was delayed by one year



# Adoption Challenges

- Staff turnover has impacted consistent usage within a site and increased time spent retraining new staff within the facilities.
- Residents training to become doctors during their clinics didn't have time within the four hours per week to be trained on using the CHR.
- Providers that were adapting and learning the technology of a pre-existing EMR experienced the training for an additional CHR to be cumbersome.



# Other Challenges

- Solution functions do not allow providers to query the system on how many of his/her patients have a particular chronic condition
- There is an inability to track asthma and other ambulatory-care-sensitive admissions prevented due to guidance from provider
- Information about the benefits/costs to the medical provider such as changes in workflow and meshing with the EMR have been difficult to acquire



## Successes

- KHPA has been able to obtain reasons for user inactivity as well as breakdown by types of users.
- No reports of discrepancies between the EMR and CHR systems have been reported.
- ePrescribing reduces time on the phone with pharmacy and providers discussing prescriptions and refill requests.



## Successes

- Case managers and emergency department social workers have found the CHR provides valued information to support their services.
- Technology was well received by sites with limited or no technology within their facility.
- The 24-hour turn around time on claimed medications allowed providers opportunity to assess patient compliance with the prescription.



## Future

- Independent surveys of users
- Exploring integration with other state registries
- Pursuing possibilities of statewide expansion



Thank you!



Questions?