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## ACS Solutions: Future of Health Information Exchange and Electronic Health Records

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ACS

# Electronic Health Record

## Presentation Goals:

Electronic Health Records as a driver of change:

- Current Status of Evolution
- New Age of Analytics
- The “e-Medical Home”
- Beyond Medicaid: Connecting the Health and Human Services Framework

# Electronic Health Record

- **Mission**: To integrate disparate healthcare data sources to provide a comprehensive medical record for improved patient outcomes
- **Solution**: **Electronic Health Record (Patient Data Hub)**
  - Provides Comprehensive Medical Record
  - Capability to view and treat the whole person
  - Provides for continuity of care and enhanced outcomes
  - Provide actionable knowledge about patient health status and condition
  - Understand effectiveness of care and outcomes

## Assessing the current situation:

- Limited use of Health Information Technology (HIT)
- Providers/facilities still spending too much time on administrative functions
- Current reimbursement rates based on administrative (claims) events
- Medical errors occur because of lack of information
- Difficult in coordinating care

# Evolution of Electronic Health Record Solutions

## Levels of Electronic Health Record Maturity:

Level 1 – Web-based Electronic Health Records

Level 2 – Health Information Exchange (HIE) and Electronic Clinical Support

Level 3 - Population Health Tool – Improved quality management through enhanced uses of clinical data

Level 4 – e-Medical Home environment

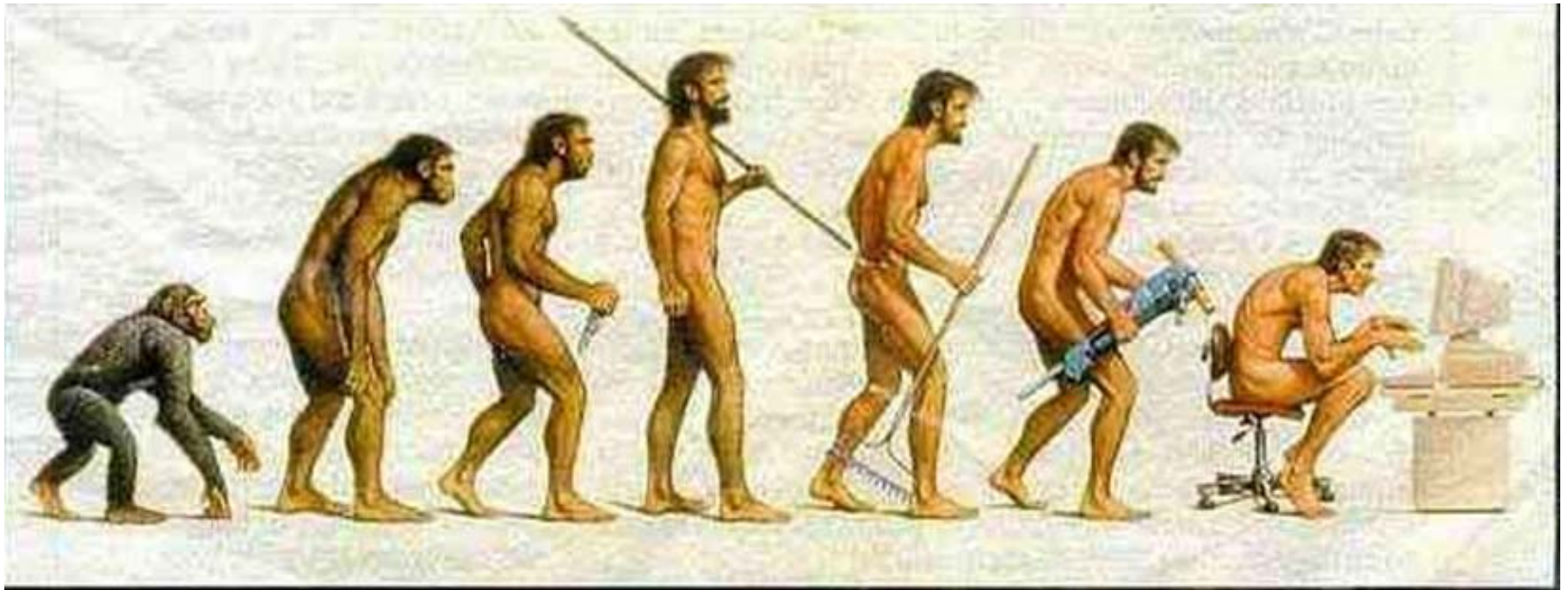
Level 5 - Connecting the Health and Human Services Framework

Level 6 – Open Network Exchange (NHIN)

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# Electronic Health Records: New Age of Analytics



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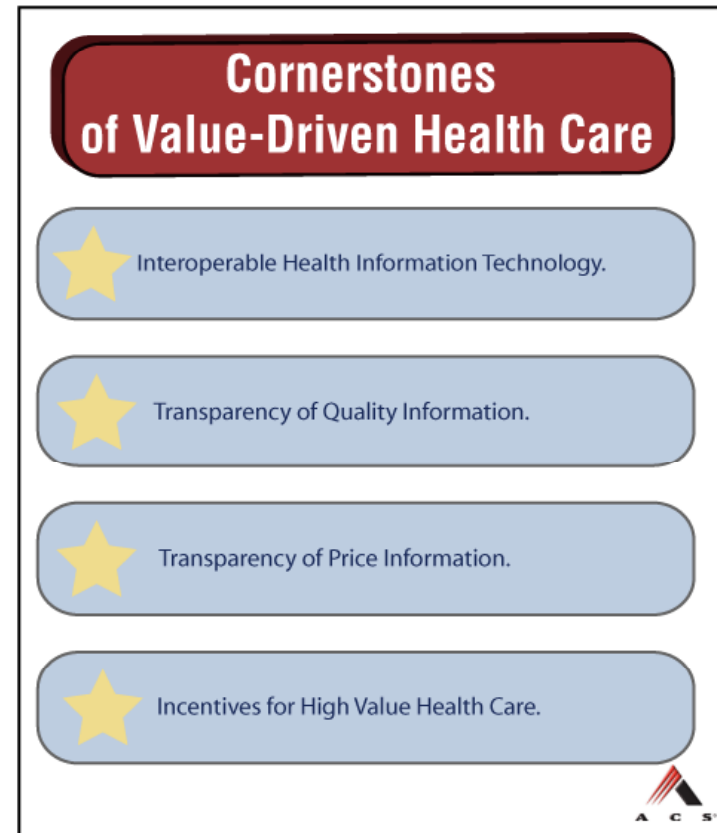
# Electronic Health Records as Drivers of Change

- Real time data
- Real time clinical alerts/best practices
- Clinical Decision Support/Analysis
- Data delivered where it is most effective
- Potential for clinically based reimbursement
- True understanding of outcomes and effectiveness of care

# Alignment with Federal Initiatives

- Support for Secretary Levitt's Four Corners of Value

- Transparency of data (Interoperability)
- Transparency of Price
- Transparency of Quality
- Incentive bases solutions for value Health Care



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# Patient Care Standards

Provider ID 120277400  
 KARNES, SHARON R  
 MD 1522 EAST "A"  
 STREET CASPER, WY  
 826012217

<b>Total Patients:</b>	75
<b>Total Patients with Flags:</b>	33
<b>Total Flags:</b>	29

	By Disease State						
	Dr. Sharon Karnes				Peer Group		
	Total Patients	Total Patients with Flags	Total Flags	% of Flags per Total Patient	AVG Patients	AVG Flags	% of Flags per Patient
Asthma	12	10	8	66.67%	14	1	7.14%
Diabetes	30	11	10	33.33%	25	4	16.00%
GI Disorder	15	9	4	26.67%	13	3	23.08%
Hypertension	23	8	7	30.43%	25	3	12.00%

Disease	Flag	By Clinical Flag		
		Dr. Sharon Karnes		Peer Group
		Total Patients	Total Patients with Flags	AVG Patients
Asthma	No Flag	2	-	3
Asthma	Asthma: w/o recent h/o influenza vaccine	6	6	2
Asthma	Compliance: Inhaled Corticosteroid	3	3	1
Asthma	Compliance: Leukotriene Antagonists	1	1	1
Asthma	Inadequate Asthma Control: Add inh steroid	1	1	1
Asthma	Overutilization of Short-Acting Beta-2 Agonist, Add	1	1	1
Asthma	Overutilization of Short-Acting Beta2 agonist, Optimize	3	3	1
Asthma	Potential Advair Step Down	1	1	1
Asthma	Use of nebulizers with H/O MDI use	1	1	1
Diabetes	No Flag	19	-	15
Diabetes	Compliance: Antidiabetics	2	2	1
Diabetes	Diabetes Dx <2 Hemoglobin A1C labs in 550d	10	10	1
Diabetes	Diabetes Dx No Fasting Lipid Panel in 550d	10	10	1
Diabetes	Diabetes Dx No Microalbumin in 550d	10	10	1
Diabetes	Diabetes Dx No SrCr in 550d	9	9	1
Diabetes	Diabetes Dx: No eye exam within last 550d	9	9	1
Diabetes	Diabetes Dx: No foot exam within the last 550d	10	10	1
Diabetes	Discontinued Use: Antilipemic Therapy (diabetes mellitus)	2	2	1
Diabetes	Incr ADE: TZD and Risk of Macular Edema	2	2	1
Diabetes	Underutilization of lipid lowering tx (diabetes mellitus)	4	4	1
GI	No Flag	6	-	1
GI	ADE: GERD & Anticholinergic Agents	7	7	1
GI	ADE: GERD & Oral Contraceptives	1	1	1
GI	INCR ADE: NSAIDS and Smoking	2	2	1
GI	Long Duration: PPI / Dx Unknown	1	1	1
HTN	No Flag	15	-	14
HTN	Antihypertensive discontinuation	1	1	1
HTN	Compliance: Antihypertensives	1	1	1
HTN	Incr ADE: ACE & K+ suppl, >1MD	1	1	1
HTN	Incr ADE: Beta Blocker use w/ bronchospastic dz	1	1	1
HTN	Incr ADE: Beta Blocker use w/ depression	1	1	1
HTN	Incr ADE: HTN and Steroid Use	1	1	1
HTN	Underutilization: Thiazides, first-line antihypertensive	2	2	1



# Provider Dashboard

OF Health  
Commit to your health.

## Site Provider Performance Report

Select Provider:  Select Care Mgmt Rule:

Lets you pick which provider or all providers who practice at the Site

Lets you pick which Rule or all rules to hit on

### Care Management Area: Diabetes

**#s Meeting Care Management**

Category	Patient meeting	Total Patients w Diabetes
A1C	~800	~1100
Lipid Panel	~500	~1100
Lipid Lowering	~400	~1100

**% Patients Meeting**

Category	% Patients Meeting
A1C	~70%
Lipid Panel	~45%
Lipid Lowering	~40%

**Provider Peer Comparison**

Category	% Selected Provider (s) Patients Meeting	Average % meeting across Medicaid Providers
A1C	~70%	~55%
Lipid Panel	~45%	~40%
Lipid Lowering	~40%	~30%

### Rules Involved in Measurement

- ! Diabetes: underutilization of lipid lowering trt [Details](#) [Message](#)
- ! Diabetes with < 2 Hemoglobin A1Cs in the last 550d [Details](#) [Message](#)
- ! Diabetes with no Fasting Lipid Panel in the last 550d [Details](#) [Message](#)

### Patients Flagging on Measurement

Patient Name	A1C	Lipid Panel	Lipid Lowering
Doe, Jane	Meets	Not Meets	Not Meets
Doe, John	Meets	Not Meets	Not Meets
Franklin, Ben	Not Meets	Meets	Meets
Jefferson, Tom	Meets	Not Meets	Not Meets
Washington, George	Not Meets	Meets	Not Meets

- Home
- User Administration
- Provider Administration
- WY DD Waiver
- Other WY Data
- Provider Forms
- State Forms

**Site Performance Dashboard**

Select Medicaid Sites  
Care Mgmt areas  
Chronic Disease etc  
These will consist of  
grouped rules for each  
care mgmt area

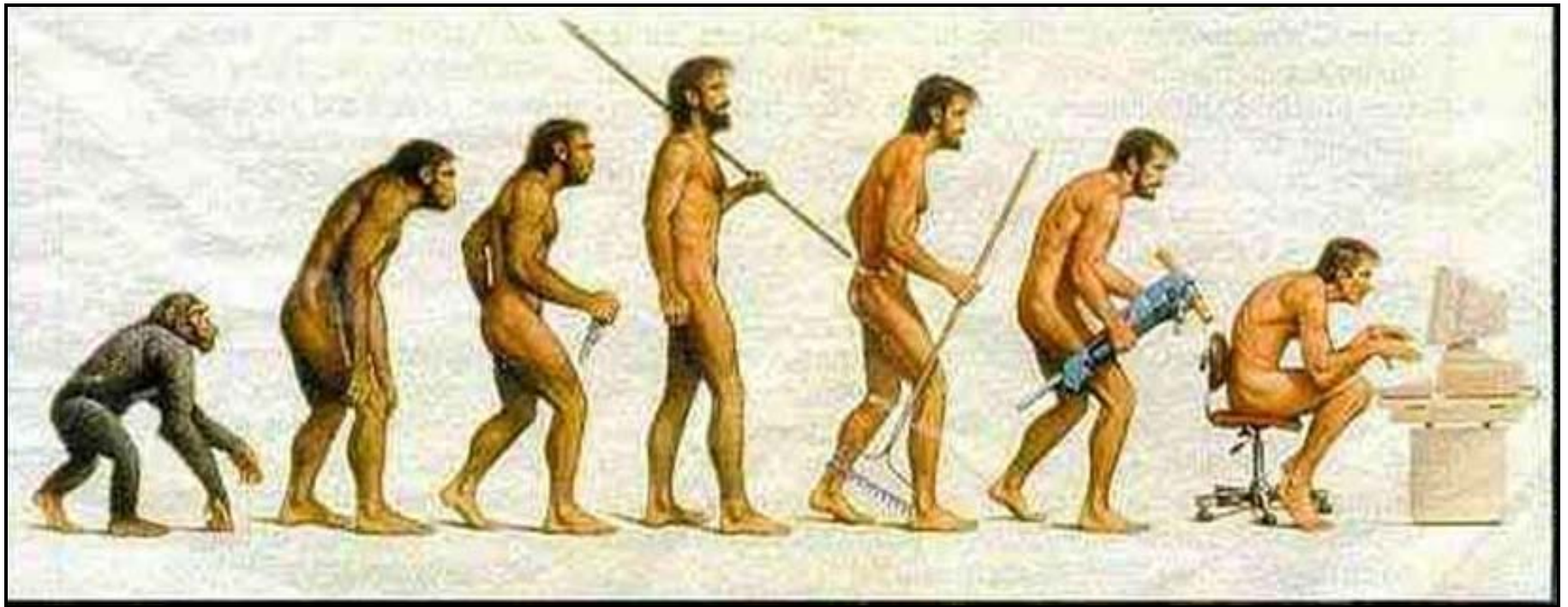
- Diabetes
- Asthma
- COPD
- etc



# Health Information Exchange as Drivers of Change

- Clinical Data for Medical Record review
  - Care Management
  - Service verification
  - PERM
  - Diagnosis verification
- Clinically based payment methodology
- Clinical research

# Electronic Health Records as the Future “e-Medical Home”



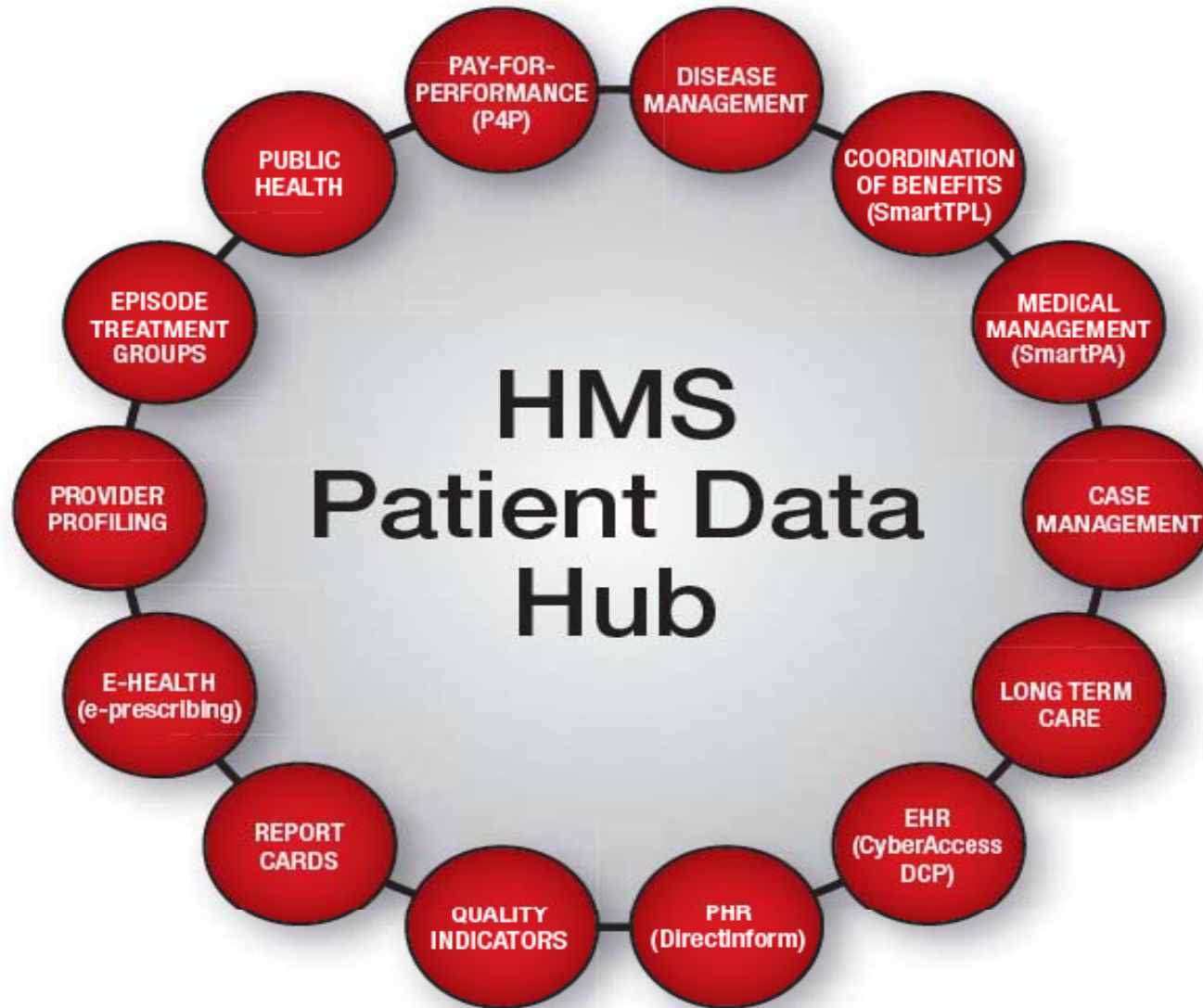
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## CMS Prescribed Medical Home Components

- E-lab and e-Prescriptions
- Online appointments
- E-visits (telemedicine – virtual visit)
- Chronic disease management
- Web-based information sharing with patients
- Clinical practice guideline software
- Outcomes monitoring and analysis
- Best practice point of care reminders
- Website/patient portal

# EHR Product Interoperability



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## Electronic Health Records as the Future “e-Medical Home”

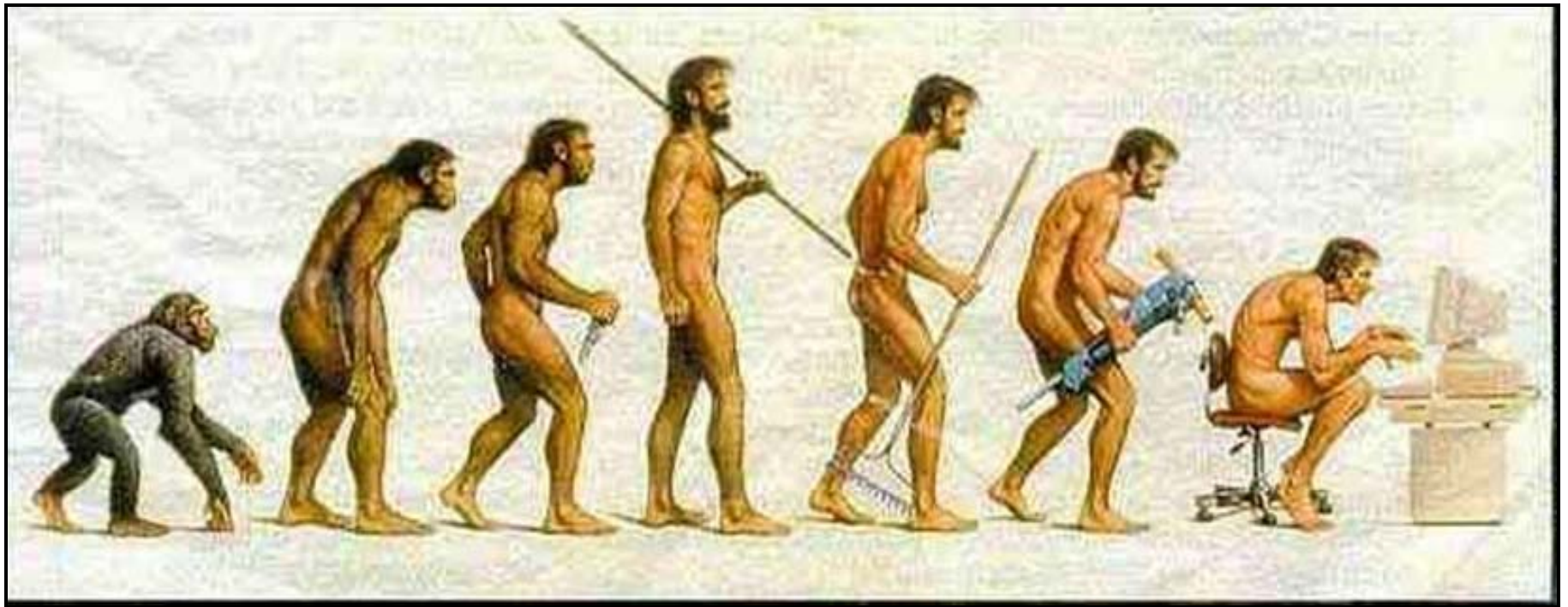
### PCP based care planning and coordination

- Patient Care becoming increasingly technically advanced
- Needs of the patient more sophisticated, range of services
- Virtual Link between Patients and PCPs
- Secure communication link between Patient and Provider

# E-Medical Home Benefits

- **Provider Benefits- Actionable Information**
  - Web-enabled EHR solution for providers with/without EMR
  - Reduces burden, due to comprehensive treatment history
  - Provides Treatment Recommendations and Alerts
  - Provide clinical guidance to State administrators & Stakeholders
  - Reduces Rx errors and duplication
  - Allows for E-Prescribing, Referrals, and Provider messaging
  - Provides Clinical Documentation via SOAP feature
  - Task and Form Workflow
  - Outcome Reporting – Provider and Recipient
- **Patient Benefits**
  - Ability to interact with Provider via web portal
  - Able to see medications and treatment history
  - Provided with treatment reminders
  - Clinical references & resources

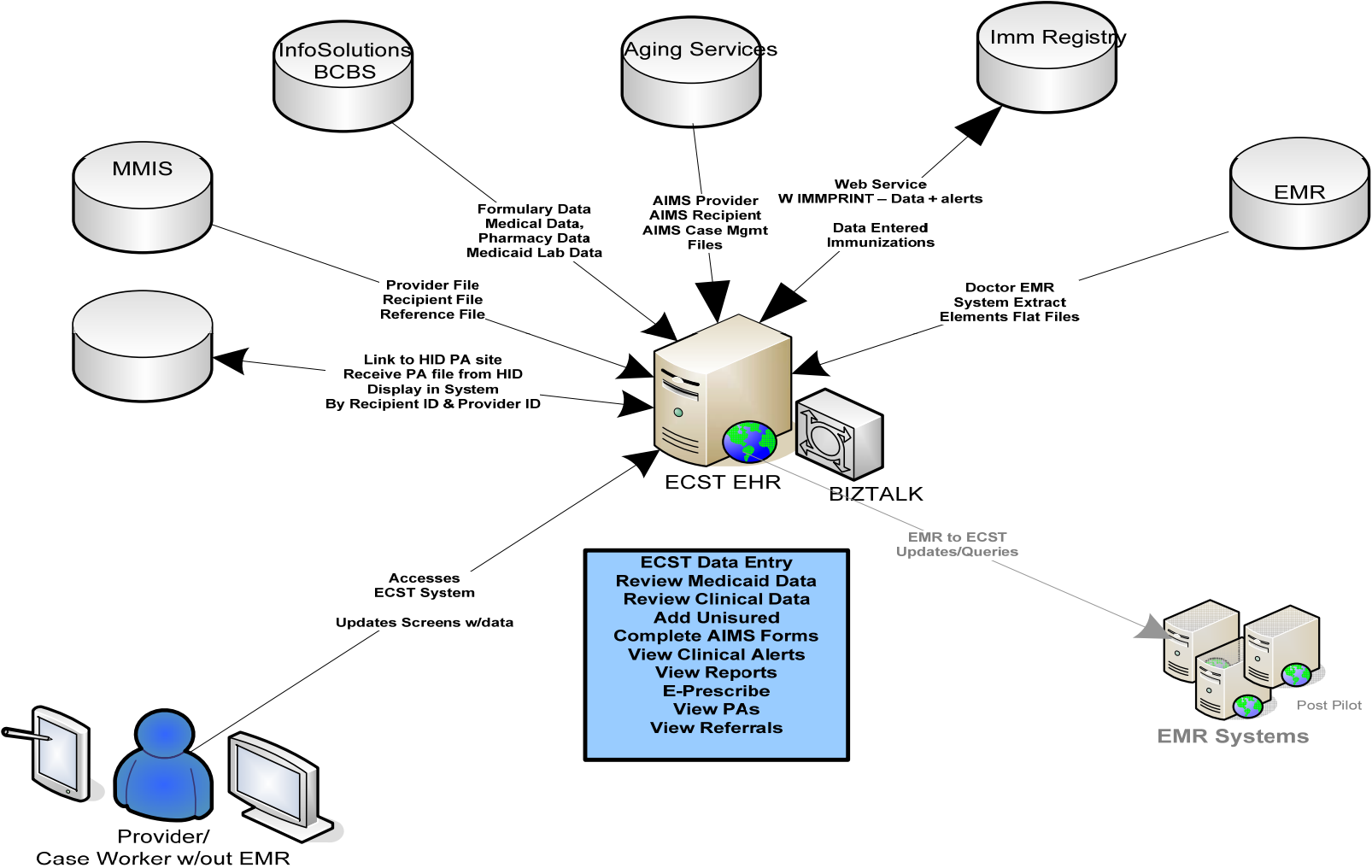
Future of Electronic Health Records:



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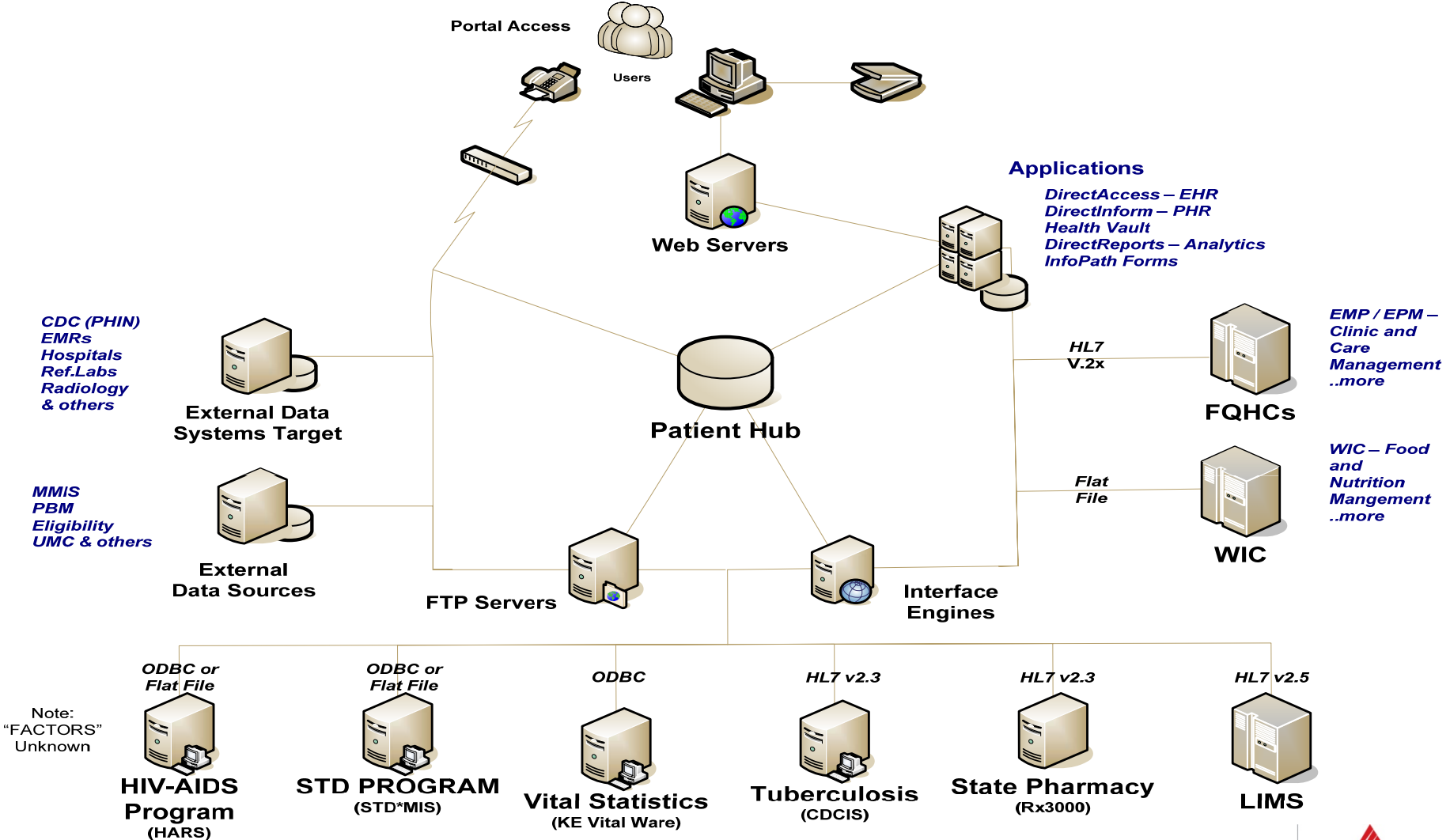
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# Connecting the Health and Human Services Framework



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# Conclusion – EHR as the driver of change

- Ability of HIE to transform Medicaid program
- New age of Healthcare Analysis
- Ability to understand outcomes and effectiveness of care
- Longitudinal Patient-centric record
- Ability to link Medicaid to DHS/DHHS
- Alignment with Federal and National direction

# Conclusion – EHR as the driver of change

For further discussion:

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