

Health Information Technology Policy Committee

Meaningful Use Workgroup Hearing

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Commonwealth of Pennsylvania

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Thank you for the opportunity to provide testimony regarding Meaningful Use and the impact on the Medical Assistance (Medicaid) Program in Pennsylvania. Like other states that have launched their Electronic Health Record (EHR) incentive program, Pennsylvania has dispersed payments to eligible providers primarily for their adoption of certified EHRs and not yet for meaningfully using the technology. To date close to 900 eligible professionals and over 30 eligible hospitals have received payments totaling \$41 million dollars. The incentives to providers who care for a high volume of Medical Assistance (MA) consumers provide a strong foundation for the eventual meaningful use of EHRs. The phased approach to implementing meaningful use will enable these providers to render higher quality care while reducing unnecessary services.

The Medical Assistance EHR incentive program's goal is to increase the use of electronic health care information to improve the quality and cost effectiveness of service delivery for Medical Assistance consumers. The Pennsylvania Department of Welfare (The Department) recognizes that EHR adoption alone is not sufficient. Providers must become meaningful users of EHR technology which includes measuring and improving patient outcomes and exchanging health information. The Department's Medical Assistance Health Information Technology (HIT) vision is to improve the quality and coordination of care by connecting providers to patient information at the point of care through the meaningful use of EHRs.

The Department recognizes the need to measure and report quality while helping providers implement rapid time quality improvement through the reporting functions of EHRs. The Department would like meaningful use to focus on: the CHIPRA pediatric core measure set, the Medicaid proposed adult quality measure set, quality measures for obstetrical care, behavioral health measures, and consumer transition of care from a healthcare setting back into a community based setting.

Medical Assistance HIT as a Vehicle for Quality Improvement

The Department's CHIPRA Quality Demonstration Grant offers two areas where Meaningful Use can be supported – category A and D. Category A focuses on the CHIPRA core pediatric quality measures. When the ONC identified several pediatric quality reporting measures for meaningful use they aligned them with the some of the core set of pediatric quality measures proposed under CHIPRA. The overlapping

measures are: BMI documentation, immunization status, appropriate testing for pharyngitis and Chlamydia screening. The Department foresees the possibility of CMS expanding the meaningful use measures to include all of the pediatric quality measures. Our category A grant is focused on pediatric providers extracting the core measure set from their EHRs, reporting those results quickly to practice sites, and reporting results to the Department at a health system level. The Department is working with our CHIPRA health systems to develop common flat file layouts for the extraction and reporting of the CHIPRA measures. We hope CMS and ONC consider standardizing the extraction and reporting of quality measures from EHRs.

The Department provides the coverage for over 1 million children in Pennsylvania's Medical Assistance Programs. Meaningful Use needs to focus providers and EHR vendors on the uniqueness of pediatric care. Category D of our CHIPRA grant focuses on the implementation and testing of a pediatric electronic health record model format. Through this portion of the grant, MA is reviewing the use and capabilities of EHRs in different provider settings which will support the ARRA HITECH goal of encouraging provider adoption of a certified electronic health record. The CHIPRA grant will allow MA to examine the common elements that make up an EHR and those elements that are required in unique provider settings such as pediatric practices. The grant will also allow MA to work with the grant team to develop IT assessment tools, training and technical assistance programs and design quality improvement projects relevant to pediatric providers and measure the impact of EHRs on quality of care and cost savings.

The Department is engaged in other activities to improve quality and performance. The Department is currently examining ways to coordinate the following initiatives with the EHR Incentive Program:

- The Department's Medical Assistance e-prescribing program will help providers meet meaningful use requirements. The Department is continuing to develop functionality for Medical Assistance providers including prior authorization functionality. The Department is discussing how to facilitate ePrescribing and prior authorization through HIT .
- The Department is working closely with the Department of Health to help providers meet public health meaningful use requirements related to reporting to and interfacing with the our statewide immunization registry, syndromic surveillance system, and electronic lab reporting.
- The Department has pay-for-performance program for nine of the MCOs in HealthChoices, the Department's mandatory managed care program, as well as Access Plus, an enhanced Primary Care Case Management and Disease Management program. Many of the CHIPRA pediatric core measures and the proposed Medicaid adult measures are part of the Department's P4P programs. The Department would like to see the Meaningful Use EHR clinical quality measures be aligned with the HEDIS quality measures used in our pay-for-performance (P4P) initiatives. The Department's long-term goal is to reduce the number of paper chart audits for the current pay-for-performance HEDIS measures through the implementation of electronically extracted and reported measures.
- The Department, through the MCOs and Access Plus, is participating in various medical home models. A key component of all medical home initiatives is the use of EHRs and health

information exchange to make sure that providers have the right information for the right patient at the point of care.

- The Department is continuing to develop its obesity and weight management services program that reimburses providers for counseling pediatric patients on weight management and activity. The Department anticipates that using the EHR Incentive Program will help to promote BMI measurement and referrals to weight management counseling through the real time use of patient information. EHRs will enable providers to identify BMI trends, set goals for follow-up, monitor progress, and make referrals to nutritional counseling on an automatic basis for patients whose BMIs meet a certain threshold.
- Another key initiative is the Department's tobacco cessation initiative which includes cessation counseling and medications to help Medical Assistance recipients quit smoking. EHRs and HIT can be used to improve effectiveness of these programs at the provider office level, e.g., clinical decision support reminders to prompt practitioners to ask about tobacco use and patient goal setting documents that can be generated through EHRs.
- Pennsylvania MA pays for over 50,000 births each year. Meaning Use needs to focus on the quality and access to timely obstetrical care. Many of the CHIPRA pediatric and proposed Medicaid adult measures focus on obstetrical quality of care. The Department is working on a standardized Obstetrical Needs Assessment Form that will be used statewide by our providers. Our goal is to have our high volume providers incorporate these essential elements into their EHRs so they can be easily transmitted to our MCOs and Access Plus Program.
- The Department would like to see more behavioral health measures included in the next round of Meaningful Use requirements. Medicaid provides coverage for a large number of individuals with serious mental illness, drug and alcohol addiction. Again many of the Medicaid proposed adult quality measures focus on these issues. The Department urges you to consider some of these measures that start to assess these quality of care for this vulnerable population.
- The Department also developed a Transition of Care initiative to ensure continuity of care in transition for patients discharged from a hospital to home or other care settings. The use of EHRs via the Continuity of Care Record (CCR) or Continuity of Care Document (CCD) could provide key information which could bolster continuity of care efforts as well as avoid complications and readmissions. Using an HIE could also assist in communication between all providers involved in a patient's care. For all patients, especially the medically complex and fragile, the ability to allow primary care providers and specialists to communicate effectively could have a very positive impact on both health outcomes and quality of life for our recipients.

The Department believes that continued alignment between quality initiatives and meaningful use requirements is necessary to encourage provider participation and to reduce potential confusion and redundancy between similar initiatives.

Thank you again for this opportunity to address these important questions and we look forward to being an active partner in facilitating the meaningful use of EHRs.