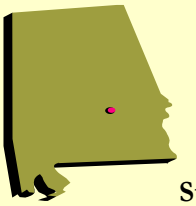
Alabama Health Information Technology
Strategic and Operational Plan Profile



State: Alabama

HIT Coordinator: Dan Roach

Statewide HIE: Alabama Medicaid

Award Amount: $10,564,789

Contact:
Dan Roach
danroachmd@gmail.com

Website:
http://www.onehealthrecord.alabama.gov/

Other Related ONC funding in Alabama:

Alabama Regional Extension Center (REC): $7,519,969

Overview

The Alabama Medicaid Agency previously exchanged some basic health information through a Medicaid Transformation Grant (MTG) initiative known as "Together for Quality", initiated in 2007. As a result, Alabama has a web-based electronic health record (EHR) system that compiles claims-based information from both Alabama Medicaid and Blue Cross and Blue Shield of Alabama, as well as certain physician-entered clinical information. This information is available either through an end use application known as QTool or a uni-directional Continuity of Care Document (CCD) exchange. Alabama's current Health Information Technology (HIT) system is a hybrid model, with centralized Medicaid data and other data sources pulled in at the time of query. To provide value to providers, Medicaid data will support the build-out of Alabama's Health Information Exchange (HIE) long-term vision in Phase 2 and beyond.

The lessons learned from this initiative have positioned the state to move forward in developing the statewide policy, governance, technical infrastructure, and business practices needed to support both the delivery of HIE services and providers' ability to meet Meaningful Use criteria.

Model and Services

The Alabama HIE (AHIE) is envisioned as the gateway to a "core services" infrastructure, which will allow individual and group entities in Alabama to connect to each other, Medicaid agencies, federal agencies, and the National Health Information Network (NwHIN). To achieve this connectivity, Alabama will use a staged implementation, allowing for each phase to be fully implemented, measured, and evaluated. This staged implementation will allow for each phase to be adequately evaluated, especially in terms of how it impacts provider engagement and adoption. The state has prioritized the technical architecture so that the initial core service components will include provider directory technology and secure messaging capability. These components will also be given first priority in AHIE's implementation.

Phase 1 – The initial phase will enable secure messaging services, which will be supported by health information service provider (HISP) services through the AHIE. This initial phase will also include an authoritative provider directory open to all providers. Initially, there will be two options for providers to participate in Direct messaging: 1.) For providers with EHRs, provider-to-provider secure messaging will be enabled using Direct protocols and supported by state level core services; and 2.) For providers who do not have EHRs, Direct messaging will be supported through a web service "on ramp".

For providers also implementing EHRs, the state will coordinate with its Regional Extension Center (REC) to encourage provider procurement of "Direct enabled" EHRs that can support EHR and patient record data integration. The web service, which will be based on NwHIN standards and protocols, will enable providers without EHRs to have an account interfaced with a robust provider directory that enables secure, authenticated messaging. In Phase 1, the state will also utilize

regulatory and policy levers, and REC coordination to enable the electronic delivery of structured lab results.

Phase 2 – In Phase 2, the state will seek to construct more robust exchange using enterprise service bus technologies, and Service Oriented Architecture (SOA) principles and components. The network design will align with NwHIN standards and be composed of gateways to support developing exchange entities (e.g., hospitals, Integrated Delivery Networks (IDNs), and regional exchange entities) that can communicate with and build off of the AHIE core services implementation (e.g., provider directory, secure messaging, and authentication services). The AHIE will serve as the nexus of these gateways, capable of routing messages among all providers and orchestrating messages according to the business rules needed to deliver meaningful use functions.

Highlights

- **Together for Quality:** Since January 2007, the Alabama Medicaid Agency has exchanged some basic health information through a Medicaid Transformation Grant (MTG) initiative known as "Together for Quality". As a result, Alabama already has a web-based electronic health record (EHR) system that compiles claims-based information from both Alabama Medicaid and Blue Cross and Blue Shield of Alabama, as well as certain physician entered clinical information.

- **SERCH Collaborative:** Alabama also plans to work with neighboring states to leverage knowledge, activities, and contract language. This important coordination was made possible through regional collaborative efforts supported by the Southeast Regional Coalition for Health IT (SERCH).

- **Lab Data Exchange:** The state has used significant state-level regulatory and policy actions to enable structured lab data exchange. The Health IT Coordinator, a Director within the Medicaid Agency, will implement significant new Medicaid mechanisms (as noted above in Phase 1) to incentive the electronic delivery of structured lab data.

Meaningful Use

	Landscape	Strategy
E-Prescribing	Alabama used Surescripts data to determine physician e-prescribing baselines in Alabama. The percentages of Alabama providers routing prescriptions electronically at year-end were: 5% in 2007, 9% in 2008, and 18% in 2009. Percentages of Alabama prescriptions routed electronically were: 1% in 2007, 2% in 2008, and 7% in 2009. The total numbers of prescriptions routed electronically were: 254,901 in 2007, 706,702 in 2008, and 2,217,719 in 2009. As of October 2010, this list identified 1,304 community pharmacies, which consisted of approximately 50% retail chain and 50% independent community pharmacies. (There is a high proportion of independent pharmacies in Alabama.) Pharmacies eligible for Medicaid reimbursements were then compared to Surescripts data to determine how many were activated for e-prescribing. It was determined that approximately 84% (1,099/1,304) of Alabama pharmacies had activated electronic prescribing and refill request capabilities. Surescripts' State Progress Report on Electronic Prescribing indicated that Alabama had an overall blended rate of 86% for all (not just Medicaid) community pharmacies in 2009. Alabama is a diverse state consisting of densely populated urban areas, such as Birmingham, Alabama, and large rural farming communities. Fewer than 32% of all Medicaid-enrolled pharmacies are located in the rural counties, with 68% of pharmacies located in the urban counties. When comparing e-prescribing adoption for Medicaid-enrolled pharmacies in rural and urban counties, almost 14% of pharmacies in rural counties have not activated e-prescribing. This is compared to 13% of pharmacies in urban counties that have not activated e-prescribing.	Alabama intends to leverage Medicaid and the REC's roles in e-prescribing, especially to engage Medicaid providers. This engagement will enhance the likelihood of this infrastructure's success in connecting Medicaid providers and enabling them to meet Meaningful Use requirements. **Pharmacies**: Alabama conducted a telephone survey of Medicaid-enrolled, non-activated pharmacies to determine pharmacy barriers to e-prescribing. The top answers were: • The pharmacy likes the current system and does not see a benefit to changing. • The amount charged for transmission on Surescripts is "too high". • The pharmacy does not have the funds to upgrade their current system. • Low volume pharmacies did not see a financial incentive to spend additional money on an electronic system. Outreach to all community providers (including pharmacies) is part of Alabama's communication plan as referenced in its State HIE Strategic and Operational Plan. The Alabama REC will lead this effort, as they are responsible for physician outreach. The HIT staff will focus on developing strategies to improve e-prescribing activation rates by the 201 pharmacies currently not participating. **Physicians:** According to Surescripts, only 18% of physicians are e-prescribing, with only 7% of these prescriptions being eligible. Using the cross-indexed list of pharmacies, AHIE will target areas with pharmacies capable of e-prescribing. AHIE will then work directly with local physicians, educating them on the benefits of e-prescribing. The Meaningful Use Incentive Payment Program will also provide support to those physicians interested in purchasing an e-prescribing capable system. Target criteria will include those physicians with a high volume of Medicaid patients that typically generate prescriptions (e.g., pediatricians), but are not currently engaged in e-prescribing. AHIE will track eligible provider use of e-prescribing, the volume of e-prescribing transactions, and pharmacy connectivity to e-prescribing networks. As part of its state HIE evaluation plan, AHIE will report progress against these measures annually.

Structured Lab Results

Alabama used data from the Clinical Laboratory Information Act (CLIA) website as well as state data to identify each laboratory operating in the state. Although there are over 3,700 labs in Alabama, Alabama Medicaid claims data indicates that there are only 176 laboratories actively billing for Medicaid services.

Further data analysis is needed to cross reference the list of CLIA-approved labs and billing labs to determine why there is such a discrepancy. Issues to be considered include: billing versus performing, volume in both numbers and dollars, and current reporting capabilities.

The state is considering the following options related to structured lab results:

- Coordinating with and leveraging REC resources (such as preferred vendor selection) to enable lab data exchange using Direct standards.
- Developing regulations requiring laboratories to provide laboratory results in compliance with national standards.
- Including standards-based interface language requirements in lab services contracts with the Medicaid Agency.
- Ensuring that State RFPs and contract renewals include requirements to comply with national standards.
- Assessing Alabama's laws and regulations to ensure alignment with current CLIA regulatory guidance.
- Leveraging sister states in terms of contracting processes and/or provisions.

Patient Care Summary

Breakdown of providers with EHRs:

General Practitioners	619	32%
Pediatricians	172	45%
Dentists	140	36%
Nurse Practitioners	70	38%
TOTAL	**1,001**	**35%**

Statewide HIE Services: The initial implementation of secure messaging will be the first step to information exchange. AHIE is soliciting support for patient summary records (clinical exchange) through a set of clinical core requirements.

Statute, Regulations, and Policy: Alabama will continue to review statutory, regulatory, and policy options to advance summary care records. The State is working with Alabama State University to develop operational policies and procedures for the AHIE. The Legal and Policy Workgroup continues to work through and develop policies related to security and privacy.

Data Analysis: Analysis of data regarding clinical summary exchange capabilities will be incorporated into the AHIE implementation and education/communication plan. Analysis will include: location, provider type, system market penetration, and identified needs. It is anticipated that this information will also be shared with the REC to help coordinate education efforts.

HIE Inventory

Standards		**Quality Improvement**	
Nationwide Health Information Network Exchange Specifications	X	Care Coordination	X
Nationwide Health Information Network CONNECT	X	Quality Reporting	X
Nationwide Health Information Network DIRECT	X	Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	X		
Public Health		**Lab Strategy**	
Electronic lab reporting of notifiable conditions		Translation services	X
Syndromic surveillance	X	EHR interface	X
Immunization data to an immunization registry	X	Policy strategy	X
Patient Engagement		Order Compendium	
Patient Access/PHR	X	Bi-Directional	X
Blue Button		Alignment with CLIA	
Patient Outreach	X	**E-Prescribing**	
Privacy and Security		Medication History	X
Privacy and Security Framework based on FIPS	X	Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	TBD	Plan for controlled substance	
Authentication Services	X	Set goal for 100% participation	
Audit Log	X	Controlled substance strategy	X
Administrative Simplification			
Electronic eligibility verification	X	**Care Summaries**	
Electronic claims transactions	X	Translation services	X
Vendor		CCD/CCR Repository	X
Planning		**Directories**	
Core Services		Provider Directory	X
Plan Model		Master Patient Index	X
Identified model(s)	TBD	Record Locator Services	X
		Health Plan Directory	
		Directory of licensed clinical laboratories	

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at:
http://statehieresources.org/

Office of the National Coordinator for Health Information Technology
State Health Information Exchange Cooperative Agreement Program
http://HealthIT.hhs.gov
Last edited 1/6/2012