# Department of Social Services

# Overview of the Medicaid Transformation Grant

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**June 10, 2010**

# Discussion Outline

◆ Project Background

◆ Health Information Exchange (HIE)

- Pilot Project Scope
- HIE Participants and Pilot Functionality
- HIE Key Deliverables
- Opportunity to Leverage HIE Statewide

◆ ePrescribing

◆ Comprehensive Active Medication Profile (CAMP) Reviews

◆ Challenges

◆ Discussion and Next Steps

# Project Background

- ◆ In October, 2006, DSS applied for a Medicaid Transformation Grant for e-Prescribing and Health Information Exchange

- ◆ Project purpose is to demonstrate Health Information Exchange and e-Prescribing to improve quality of care, safety and efficiency

- ◆ In February, 2007, DSS was awarded a $5 million Medicaid Transformation Grant by Centers for Medicare and Medicaid Services; state funds in the amount of $250,000 was also allocated

- ◆ Grant period was from October, 2006 thru March, 2009 – two one-year extensions have been provided

# Project Background

Project consists of three components:

1. <u>e-Prescribing</u> – allow Medicaid provider online access to patient eligibility, preferred drug lists and medication history during ePrescribing process

   **(HP Enterprise Services (formerly EDS) was engaged to provide access to Medicaid Management Information System data via Surescripts ePrescribing application)**

2. <u>Health Information Exchange (HIE)</u> -  Pilot to demonstrate cross-enterprise sharing of patient information **(eHealthConnecticut engaged)**

3. <u>Comprehensive Active Medication Profile (CAMP) Review</u> - Pharmacist engagement with Medicaid patients to create comprehensive active medication profile, make recommendations for enhanced Medication Therapy Management **(UConn School of Pharmacy and Connecticut Pharmacists Association engaged)**
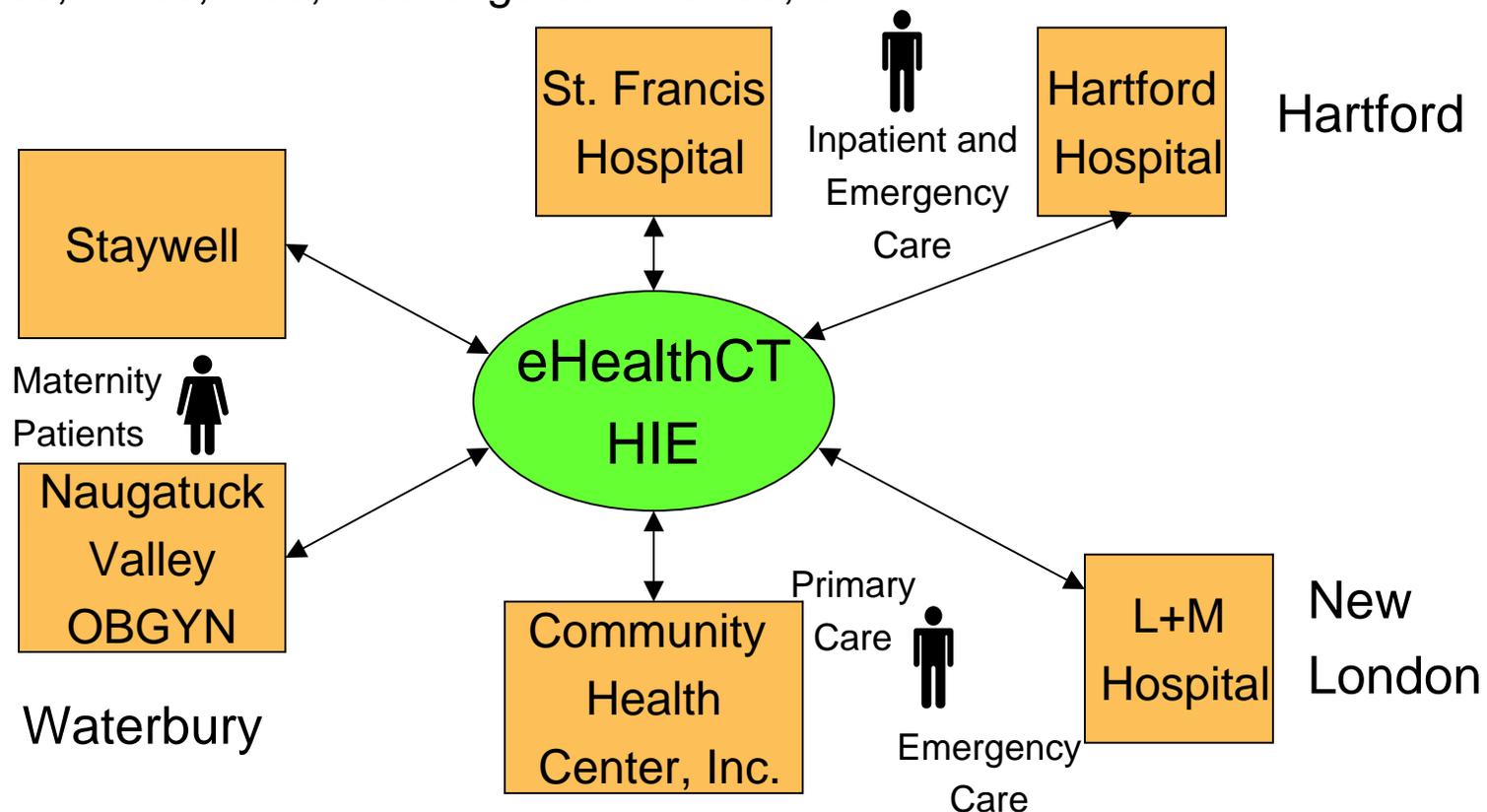
# HIE Pilot Project Scope

- ◆ DSS contracted with eHealthCT in January, 2009 to develop and operate the HIE pilot

- ◆ eHealthCT released a Request for Proposal (RFP) to select and identify a vendor platform for the pilot

- ◆ eHealthCT contracted with Hartford Hospital to develop and operate the HIE – platform is Misys Open Source Solutions (MOSS)

- ◆ Platform includes application and system software/hardware infrastructure to provide all functions and operations required for the pilot

- ◆ Connecticut Hospital Association has agreed to host the technical platform for the pilot

- ◆ Original estimates were that data would be flowing in late 2009 or early 2010.  Go-live is scheduled for June, 2010 depending on readiness of participants

- ◆ Current participants include hospitals, Federally Qualified Health Centers (FQHC's), private physicians in multiple communities

# HIE Pilot Project Scope

| Task | Status |
|------|--------|
| Recruit pilot participants | Done |
| Assess FQHC and Hospital readiness | Done |
| Develop use cases | Done |
| Develop requirements, issue RFP, select HIE platform vendor | Done |
| Develop technical standards, security/privacy policies` | Done |
| Participants develop interfaces to the central HIE | Done |
| Implement central technical infrastructure | Done |
| Develop provider and patient education materials, including brochures, computer-based training, and online presentations | In process |
| Test HIE, convert to live status | In process |
| Monitor and report results | In process |

# Participants and Pilot Functionality

Pilot participants include three hospitals, two FQHC's, and one private physician group in three communities sharing patient registration and Continuity of Care Document (CCD) information via the HIE.  CCD information includes problems, allergies, meds, labs, discharge summaries, etc.

St. Francis Hospital

Inpatient and Emergency Care

Hartford Hospital

Hartford

Staywell

Maternity Patients

eHealthCT HIE

Naugatuck Valley OBGYN

Waterbury

Primary Care

Community Health Center, Inc.

Emergency Care

L+M Hospital

New London

# Key Deliverables

- HIE Platform that can be scaled statewide
  - Modern technology
  - IHE standards compliant
  - Core components are "Open Source" and available to anyone
- Privacy Policy
  - Developed with input from large committee of consumer advocates and health care stakeholders
  - Currently conservative "opt in" policy – allows for voluntary participation
  - Universal Medical Records Release Authorization can be used by all participants
- Single data sharing agreement to be executed by all participants (final changes in process)
- Paper education materials and online presentations for consumers and providers, computer-based training to teach providers how to use the system
- Lessons learned about the policy, business, and technical challenges of HIE
- Final report to DSS and CMS

# Leveraging Opportunities

Available to be leveraged:

◆ HIPAA Privacy Policy

◆ Universal Medical Records Release Authorization

◆ Business Associate Agreements

◆ Educational materials and online presentations for consumers and providers, computer-based training to teach providers how to use the system

Leverages work/investments already made

# E-Prescribing

- HP Enterprises developed DSS ePrescribing program
- HP entered into a contract with Surescripts – HP is a 100% certified payer within the Surescripts network
- ePrescribing went live on October 14, 2009
- Providers who currently use an approved e-Prescribing system can access eligibility, formulary and medication history for clients enrolled in any one of the following medical assistance programs:

  Medicaid fee-for-service, HUSKY A, HUSKY B, SAGA, ConnPACE, CADAP and Charter Oak
- Once coverage/clinical issues are clarified, allows transmission of prescription information electronically to a pharmacy of the patient's choice
- Providers with an existing ePrescribing system should contact their POS software vendor to determine their frequency of downloading pharmacy program benefits from Surescripts
- Information available includes: meds requiring prior authorization, Preferred Drug List/alternatives, resource links, quantity/age limits, gender restrictions, benefit copay, coverage text message
- Implementation of e-Prescribing has been extremely successful

# E-Prescribing

◆ Trends in eligibility/medication history transactions from go-live:

|  | e-RX Eligibility Transactions | e-RX Med History Transactions |
|---|---|---|
| October (Go Live) | 25,616 | 14,500 |
| November 2009 | 50,803 | 28,493 |
| December 2009 | 50,410 | 29,116 |
| January 2010 | 54,006 | 34,977 |
| February 2010 | 59,555 | 36,462 |
| March 2010 | 87,484 | 55,486 |
| April 2010 | 84,468 | 53,362 |

◆ Monthly Formulary download requests from go-live:

| Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 |
|---|---|---|---|---|---|---|
| 23,528 | 23,814 | 23,933 | 21,742 | 21,547 | 25,301 | 25,523 |

◆ # of Unique providers submitting eligibility transactions:

| Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 |
|---|---|---|---|---|---|---|
| 1,019 | 1,107 | 1,145 | 1,280 | 1,340 | 1,402 | 1,480 |

# Comprehensive Active Medication Profile (CAMP) Reviews

- Entered into a contract with UConn School of Pharmacy
- UConn partnered with the Connecticut Pharmacists Association – CPA provided a network of pharmacists to conduct patient interviews and data collection
- Data collected from interviews is integrated with claims data from the MMIS
- Review, collect, update medication history for all clients participating (including OTCs, herbal medicines, supplements, allergies, SIG information
- All data will be entered into the Medication Management Systems, Inc. Assurance Standard Interface.   MMS software is owned by the university.
- <u>Outcomes</u>: improve patient adherence, identify medication discrepancies, medication errors, and adverse events, increased use of PDL/generics, cost effective therapies, etc.
- Experienced challenges with patient recruitments including a high no-show rate
- Patients who do show up, have the more severe medical problems and can be on up to 30+ medications at any given time
- Department is expecting the final report in June, 2010

# Challenges

- ◆ CAMP –
  - recruitment of clients, incorrect telephone numbers/addresses, no-shows, language barrier

- ◆ HIE – Impacts to the project time-line
  - Delays in evaluation and selection of HIE vendor
  - Delays in finalizing and sign-off on the HIPAA policies – data sharing cannot commence until policies complete
  - Delays in getting DURSA/BAA signed by all participants
  - Review by the various legal departments
  - Review by the eHealthCT board members

- ◆ HIE funding and sustainability

# Discussion & Next Steps

- ◆ Questions and Comments
- ◆ Next Steps