

West Virginia HIE/HIT Initiatives Version 1.0

CHN HRSA Grant for EMR Adoption

- **Goals & Objectives:** The Community Health Network of West Virginia (CHN) received a HRSA grant of over \$1 million to implement the advanced RPMS system - a VistA EMR derivative - in more of their 19 member clinics across the state. When implemented, each of the member clinics using the EMR will be connected to the WVHIN.
- **Status and Starting Date:** CHN was organized 5 years ago. Implementation of grant is beginning now.
- **Services:** VistA based EMR.
- **Those served:** Clinicians in each of the 19 member clinics, each with multiple sites. Currently there are six organizations and 40 clinical locations using the EMR. This grant will expand utilization to more clinics and sites.
- **Sustainability Model:** Grant funding of over \$1 million for startup. EMR users pay for cost of service.
- **What WVHIN brings to the Initiative:** Access to data exchange across systems, organizations and communities.
- **What the Initiative brings to WVHIN:** Estimated 150 FTE physicians and over 600 users within WV.

CMS E-Prescribing

- **Goals & Objectives:** Program by Medicare to incentivize physicians for using ePrescribing electronic tools that meet Centers for Medicare & Medicaid Services (CMS) standards. The intent is to improve overall patient care through:
 1. Coordinated medication management.
 2. Reduced illegibility from hand-written prescriptions.
 3. Decreased risk of medication errors and decreased liability risks.
 4. Overall medication management process through drug utilization review (DUR) programs (DUR programs perform checks against the patient's current medications for drug-drug interactions, drug-allergy interactions, etc.).
 5. Reduced or eliminated phone calls and call-backs to pharmacies by physicians.
 6. Increased patient convenience.Prescribers can earn a 2% bonus payment from Medicare in 2009 and 2010, a 1% bonus in 2011 and 2012, and a 0.5% bonus in 2013. Penalties for not using ePrescribing begin in 2012. Preliminary American Academy of Family Practice (AAFP) calculations indicate that in 2009, a 2% bonus could reap an individual physician close to \$1,300 in additional Medicare payments. Beginning in 2014, however, CMS will hand out penalties in the form of reduced Medicare payments to physicians and other prescribers who have not adopted e-prescribing.
- **Status and Starting Date:** 2009
- **Services:** Program to provide incentives to physicians for using e-Prescribing.
- **Those served:** Physicians
- **Sustainability Model:** N/A
- **What WVHIN brings to the Initiative:**
 1. Low or no cost ePrescribing module for those without ePrescribing capability.
 2. Easy access by providers to health plan formularies and beneficiary information.

- **What the Initiative brings to WVHIN:** Incentive for physicians to participate in ePrescribing through WVHIN.
- **Notes:** 2% incentives may not be enough to incent physicians with EMRs, but could be beneficial for those with EMR lite.

Medicaid Transformation Grants

- **Goals & Objectives:** WV Medicaid received five grants to improve effectiveness and efficiency in providing medical assistance under Medicaid. This was more than any other state. Grant topics included:
 1. Personal responsibility
 2. Stronger Medicaid program
 3. Health systems improvement
 4. Applied technology
 5. Enhanced medication management
- **Status and Starting Date:** 2006
- **Those served:** Groups focused on health services that include elderly, pregnant women, and TANF population.
- **Sustainability Model:** WV received five grants totaling \$13.6 million.
- **What WVHIN brings to the Initiative:** Enable Medicaid operational and clinical data to be exchanged across organizations and enable communities to improve coordination of care.
- **What the Initiative brings to WVHIN:** Increase users of the WVHIN.

Medicaid Transformation Grants: Advanced Medical Home

- **Goals & Objectives:** The Advanced Medical Home (AMH) is a key concept in the Medicaid Transformation Grants being considered for use by WV Medicaid and other payers. It is an approach to health care delivery that encourages a coordinated, team approach to care involving primary care physicians, physician specialists, chronic care management, and informed patients. It stresses utilizing technology, quality measurement and reporting, patient-friendly scheduling systems and other "best practices" to deliver better value and improve care coordination for patients, especially those with multiple chronic illnesses. This approach is endorsed by the American College of Physicians, American Academy of Family Physicians and the American Academy of Pediatricians. The technology requirements for AMH include coordination for test results between primary care physicians and specialists; interoperability/CCHIT certification; physician access to EHR including registry function; tracking specific conditions; and evaluating conditions outside the office. As a part of the project, four work groups have been established and organized by West Virginia Health Improvement Institute (WVHII) including: Adoption of Health Information Technology (chaired by Bob Coffield), Measurement/Reporting/Reimbursement, Provider Outreach and Education, and Self Management.
- **Status and Starting Date:** 2007
- **Services:** Requires an advance functioning EMR.
- **Those served:** Primary Care Physicians
- **Sustainability Model:** Payer incentives to physicians, i.e., per member per month payments to physicians.
- **What WVHIN brings to the Initiative:** Enable the Advanced Medical Home "team" to exchange and share patient data across systems, organizations, and communities.
- **What the Initiative brings to WVHIN:** Increase users of the WVHIN

Medicare Physicians Quality Reporting Initiative (PQRI)

- **Goals & Objectives:** The PQRI is a voluntary program that will provide a financial incentive to physicians and other eligible professionals (EPs) who successfully report quality data related to covered services provided under the Medicare Physician Fee Schedule (PFS). Through PQRI, CMS has provided more than \$36 million in bonus payments to more than 56,000 health professionals who reported quality information to Medicare.
- **Status and Starting Date:** 2006
- **Services:** Incentives to physicians for quality reporting.
- **Those served:** Physicians readying themselves for pay for performance; typically 10% of physicians.
- **Sustainability Model:** Incentives are low to physicians. No significant funding from physicians to run the program.
- **What WVHIN brings to the Initiative:** Ability to exchange data across organizations, which is essential for coordinated care.
- **What the Initiative brings to WVHIN:** A user base that knows the benefit of physicians.

MITA

- **Goals & Objectives:** The Medicaid Information Technology Architecture (MITA) is a West Virginia initiative of the Center for Medication and State Operations (CMSO) and is aligned with the National Health Infrastructure Initiative. It is a national framework for Medicaid agencies to follow which supports improved integration of existing Medicaid HIT systems. Elements of the framework include: a patient-centric view; common standards, interoperability, Web-based access and integration, software reusability, use of off-the-shelf software, integration of public health.
- **Status and Starting Date:** In discussion stages; will require approval from CMS.
- **Services:** TBD
- **Those served:** Agencies that engage in data exchange activities with Medicaid agencies and members.
- **Sustainability Model:** Continued CMS and WV Bureau of Medical Services funding of the Medicaid Management Information System (MMIS). Federal participation allows for the subsidization of implementation/acquisition costs as well as on-going operational costs.
- **What WVHIN brings to the Initiative:** The WVHIN brings simplification of the underlying exchange infrastructure to transmit information. If not for the WVHIN, the MMIS system would have to develop its own HIE as many other States have done.
- **What the Initiative brings to WVHIN:** By possibly providing a free of charge EMR for physicians to use in the treatment of Medicaid members, Medicaid could accelerate EMR adoption and thus increase utilization of the WVHIN.

The Roadmap to Health Project (Legislative)

- **Goals & Objectives:** In recognition of the need for health care reform, the Roadmap to Health Project is focusing on how to build a state-of-the-art health care delivery system in West Virginia. Focus areas are administrative simplification; chronic care information systems (HIT), health system redesign, and wellness and health promotion. The Project has two broad strategies: HIT and HIE. The Project is advocating that WVHIN house and administer a single health information technology fund to fund the network infrastructure. Funding for EMR and EMR lite adoption would come from incentive programs.
- **Status and Starting Date:** Four work groups were established by the legislature in May 2008.

- **Services:** Proposed technology fund for the network infrastructure housed at WVHIN, as well as other potential programs.
- **Those served:** All stakeholder groups.
- **Sustainability Model:** Proposed funding for WVHIN would be based on % of claims.
- **What WVHIN brings to the Initiative:** WVHIN directs funds and has the ability to set priorities for other HIT initiatives.
- **What the Initiative brings to WVHIN:** Funding mechanism for WVHIN that are built into code.

WV Telehealth Alliance

- **Goals & Objectives:** Provide advanced telecommunication and information services by connecting approximately 290 facilities to improve connectivity for rural health centers. The project is focused on regions of the state with historically high concentrations of poor and elderly individuals suffering from chronic medical conditions.
- **Status and Starting Date:** Not-for-profit started in 2007.
- **Services:**
 1. Several Broad Band Projects through the FCC's Rural Health Care Pilot Program to enhance connectivity enabling telehealth services.
 2. Connectivity of Internet 2 (high band width) open to universities and research facilities.
 3. For users, access to real-time clinical telehealth.
 4. For users, transmission of medical images, transmission of medical data for remote monitoring, patient monitoring and follow-up, teleradiology for emergencies, and videoconferencing.
 5. Also, non-clinical services such as distance education.
- **Those served:** Primary care centers, not-for-profit hospitals, post-secondary educational centers offering healthcare instruction, local health departments, non-profit psychiatric centers, free clinics, non-profit behavioral health centers, dedicated emergency rooms of rural for-profit hospitals that participate in Medicare.
- **Sustainability Model:** FCC grant; \$8.4 million over a 3-year period to be used for broadband connectivity and implementation. No long term sustainability plan exists at this time.
- **What WVHIN brings to the Initiative:** HIE data exchange infrastructure that utilizes Broadband provided by the Telehealth Alliance.
- **What the Initiative brings to WVHIN:** Broadband improves connections for data utilization and exchange.
- **Notes:** Participants in the alliance include hospitals, rural health care centers, medical schools (WVU, Marshall, CAMC, WV School of Osteopathic Medicine), doctors, mental health centers, local health departments, senior groups, consumers as well as AFL-CIO and the WV Chamber of Commerce and major telecommunications companies.