Health Information Technology: Requirements For Health Homes

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New York State Department of Health
Office of Health Insurance Programs (OHIP)
HIT Considerations for Health Homes Seeking Designation to Serve Children

Objectives:

• Understand the HIT standards included in the Health Home application to serve Children;

• Understand the expectations for meeting the Health Home HIT standards, for both new and existing Health Homes that seek designation to serve children;

• Understand that minors have special rights when it comes to certain health information and that systems will have to protect those rights;

• Understanding how to work with network providers/care managers to ensure Health Home HIT standards are implemented.
# Applications for New or Existing Health Homes to Serve Children

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Health Home Application to Serve Children Released</td>
<td>November 3, 2014</td>
</tr>
<tr>
<td>Due Date to Submit Health Home Application to Serve Children</td>
<td>March 2, 2015</td>
</tr>
<tr>
<td>Review and Approval of Health Home Applications to Serve Children by the State</td>
<td>March 2, 2015 to June 15, 2015</td>
</tr>
<tr>
<td>Begin Phasing in the Enrollment of Children in Health Homes</td>
<td>October 2015</td>
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</tbody>
</table>
Required Health Home Services

1. Comprehensive Care Management
2. Care Coordination and Health Promotion
3. Comprehensive Transitional Care
4. Patient and family support
5. Referral to community and social support services
6. Use of HIT to Link Services
Health Home HIT Standards

6A. Structured information systems to create, document, execute, and update a plan of care for every patient

6B. Systematic process to follow up on tests, treatments, services and referrals incorporated into patient’s plan of care

6C. Health record system which allows patient’s health information and plan of care to be accessible to interdisciplinary team of providers for population management and identification of gaps

6D. Makes use of available HIT and access data via RHIO/QE
Health Home HIT Standards

6E. Structured interoperable HIT to support a Plan of Care for every patient

6F. Certified Meaningful Use EHR, allowing patient’s health information and plan of care to be accessible to interdisciplinary team

6G. Compliance with current/future version of Statewide Policy Guidance

6H. Commitment to joining RHIO/QE

6I. Use of evidence based clinical decision making tools, consensus guidelines, and best practices
Health Home HIT Compliance Timeline

• Existing Health Homes applying for children’s Health Home status will have **3 months from date of Health Home designation** to meet HIT standards

• New children’s Health Home applicants will have **18 months from date of Health Home designation** to meet HIT standards
Compliance with HIT Standards for Existing Health Homes

• **6A-6D**: Re-submission of policy and procedure documents for HIT standards to reflect changes in workflow around minor privacy and consent issues, as well as RHIO participation.

• **6E**: Demonstration that all new downstream providers have electronic access to care plan.

• **6F**: Documentation reflecting updated partners list.

• **6I**: Updated listing of clinical decision making support tools to include any new clinical providers.
Applications for Currently Designated Health Homes

Confirm in application:

• All Health IT standards have been met.
  • Minor privacy and consent policy will require review by DOH to confirm standards are met.

• If not all of the Health IT standards have been met, document the agreement with DOH confirming plan to meet final standards.
The Department is developing guidance on:

- Rights of minors to consent to certain types of health care (minor consented services) without the permission of a parent/guardian

- Minor’s right to privacy regarding those services, *including the right to control with whom that information is shared*. Certain types of information cannot be shared with parents without the consent of the minor.

- Parents/guardians or other consented care team members who can access their health information (*non-minor consented services*).

Systems will have to recognize and accommodate these requirements and segment data.
Data Segmentation

• General inability of technology to segment electronic health care information – *i.e., cannot separate minor consent records from the rest of the medical record*

• Barrier to electronic sharing/blocking of specific sections of care plans

• **Temporary Fix** – sharing of “minor” patient health information using non-electronic means, but only as allowed by the consent of minor
Data Segmentation

• As industry adopts technology to segment care plan data, Health Homes will be required to begin using that technology to share care plans electronically.

• Any current, non-electronic method for sharing patient health information should be described clearly in the pertinent Health Home policy and procedure documentation.
RHIOs are required to develop procedures and utilize technology that will allow for the exchange of patient information of any age.

This exchange must be consistent with all applicable state laws and regulations regarding minor-consented patient information.
HIT Standards Clarification

- **6D & 6H (RHIO participation):** Only lead Health Homes are required to have Participation Agreements with the local RHIO.

- **6F:** Tool & instructions found on NYS Medicaid Health Home website page (January 30, 2013)
  
HIT Standard 6F

- Health home providers must use an electronic health record system that qualifies under the Meaningful Use provisions of the HITECH Act, which allows the patient’s health information and plan of care to be accessible to the interdisciplinary team of providers.

- If the provider does not currently have such a system, they will provide a plan for when and how they will implement it.
Intent of HIT Standard 6F

• To align with Federal and State efforts to promote the adoption of Certified Meaningful Use Electronic Health Records

• To promote a more efficient delivery of coordinated care
The Next Few Slides Will…

• Clarify requirements for meeting HIT standard 6F

• Demonstrate a documentation tool designed to assist Health Homes in meeting HIT standard 6F
Universe of Health Home Clinical (Downstream) Partners/Provider Organizations*

Graph 1

- **Required**
- **Not Required**
- **Encouraged**
Focus for 6F

Required

Encouraged
“Required” to Use Certified MU EHRs

Graph 2

- Primary Care Provider (MD, DO, PA, NP)
- Hospital
- Psychiatrist/Psychologist
- FQHC
“Encouraged” to Use Certified MU EHRs

Graph 3

- Cardiology
- Endocrinology
- Podiatry
- Dentistry
- Neurology
- Social Work
- Other Specialty Care Providers
“Not Required” to Use Certified MU EHRs

Graph 4

- Care Management
- Health Home Partners not providing clinical services
- Housing
- Public Health
- Transportation
# Documentation Tool

<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>ENCOURAGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hospital</td>
<td>Non-Hospital</td>
</tr>
<tr>
<td>Hospital – Ambulatory</td>
<td>Hospital – Ambulatory</td>
</tr>
<tr>
<td>Hospital – Inpatient</td>
<td>Hospital – Inpatient</td>
</tr>
<tr>
<td>Clinical Partner/Provider Organization</td>
<td>Number of Physical and/or Behavioral Health providers (individuals) <em>required</em> to use Certified MU EHR(s)</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ABC Clinical Care Center</td>
<td>25</td>
</tr>
<tr>
<td>Physical</td>
<td><strong>25</strong></td>
</tr>
<tr>
<td>Behavioral</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Partner/Provider Organization</td>
<td>Number of Physical and/or Behavioral Health providers (individuals) &quot;encouraged&quot; to use Certified MU EHR(s)</td>
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<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ABC Clinical Care Center</td>
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<td>Physical</td>
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</tr>
<tr>
<td>Behavioral</td>
<td>10</td>
</tr>
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</table>

Please note Yellow Color for Encouraged Providers
## Required Providers

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<tr>
<th>Clinical Partner/Provider Organization</th>
<th>Physical</th>
<th>Behavioral</th>
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<tr>
<td>ABC Clinical Care Center</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Greater PH EHR Company</td>
</tr>
<tr>
<td></td>
<td>92%</td>
<td>Will work with great NY Hospital admin to ensure remaining 9 providers get trained in this EHR and begin to used it within 3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013</td>
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<tr>
<td>Clinical Partner/Provider Organization</td>
<td>Required Providers</td>
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<td></td>
</tr>
<tr>
<td>ABC Clinical Care Center</td>
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<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

- **ABC Clinical Care Center**
  - Physical: 0
  - Behavioral: 10

- **Behavioral**
  - Required Providers: 10
  - Behavioral EHR Company: Greater PH EHR Company
  - Percentage: 90%

- Will work with great NY Hospital admin to ensure remaining 9 providers get trained in this EHR and begin to use it within 3 months.

- Will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013.
## Hospital Clinical Partner/Provider Organization

<table>
<thead>
<tr>
<th>Ambulatory</th>
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<tbody>
<tr>
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<td>Physical</td>
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Evaluation

HIT standards 6A-6D
  • Develop/submit policy and procedure documents covering all topics described in these 4 standards

HIT standards 6E-6I
  • 6E - demonstrate a live, functional, and electronically accessible care plan application

  • 6F-6I - Submit documentation verifying completion of these HIT standards.
Technical Assistance

• HIT standards Q/A found on NYS Medicaid Health Home website (January 30, 2013 Medicaid update webinar):

• Ongoing trainings/TA on meeting Health Home HIT standards
Health Home Vision
Challenges for Care Management Agencies using Electronic Care Plan Tools
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