

Health Information Technology: Requirements For Health Homes

Eric Weiskopf, M.Ed

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.

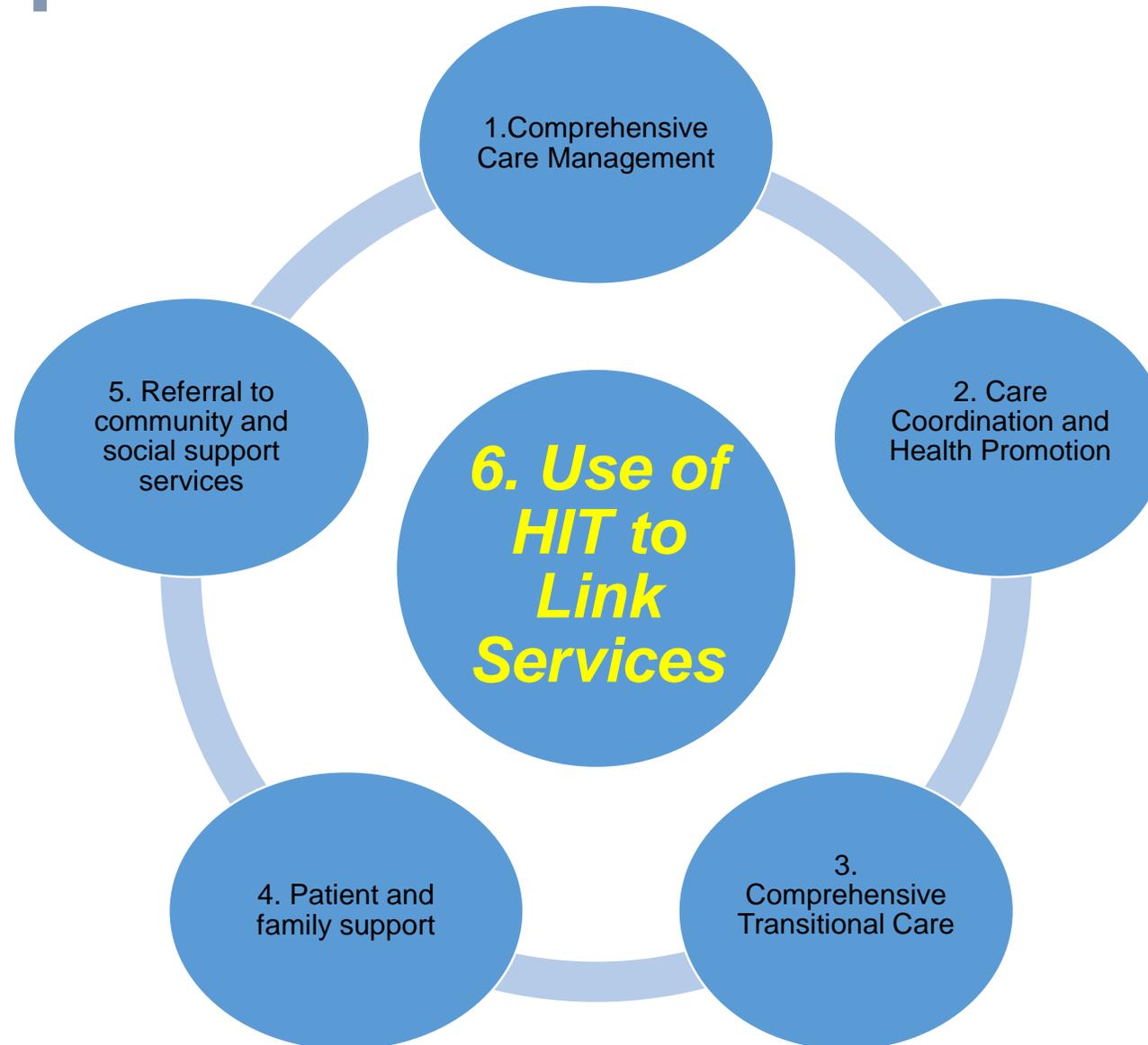


Applications for New or Existing Health Homes to Serve Children

Final Health Home Application to Serve Children Released	November 3, 2014
Due Date to Submit Health Home Application to Serve Children	March 2, 2015
Review and Approval of Health Home Applications to Serve Children by the State	March 2, 2015 to June 15, 2015
Begin Phasing in the Enrollment of Children in Health Homes	October 2015



Required Health Home 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.

Health Home HIT Systems

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

Electronic Exchange of Minor Consent Information

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)

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/meetings_webinars_2013.htm

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

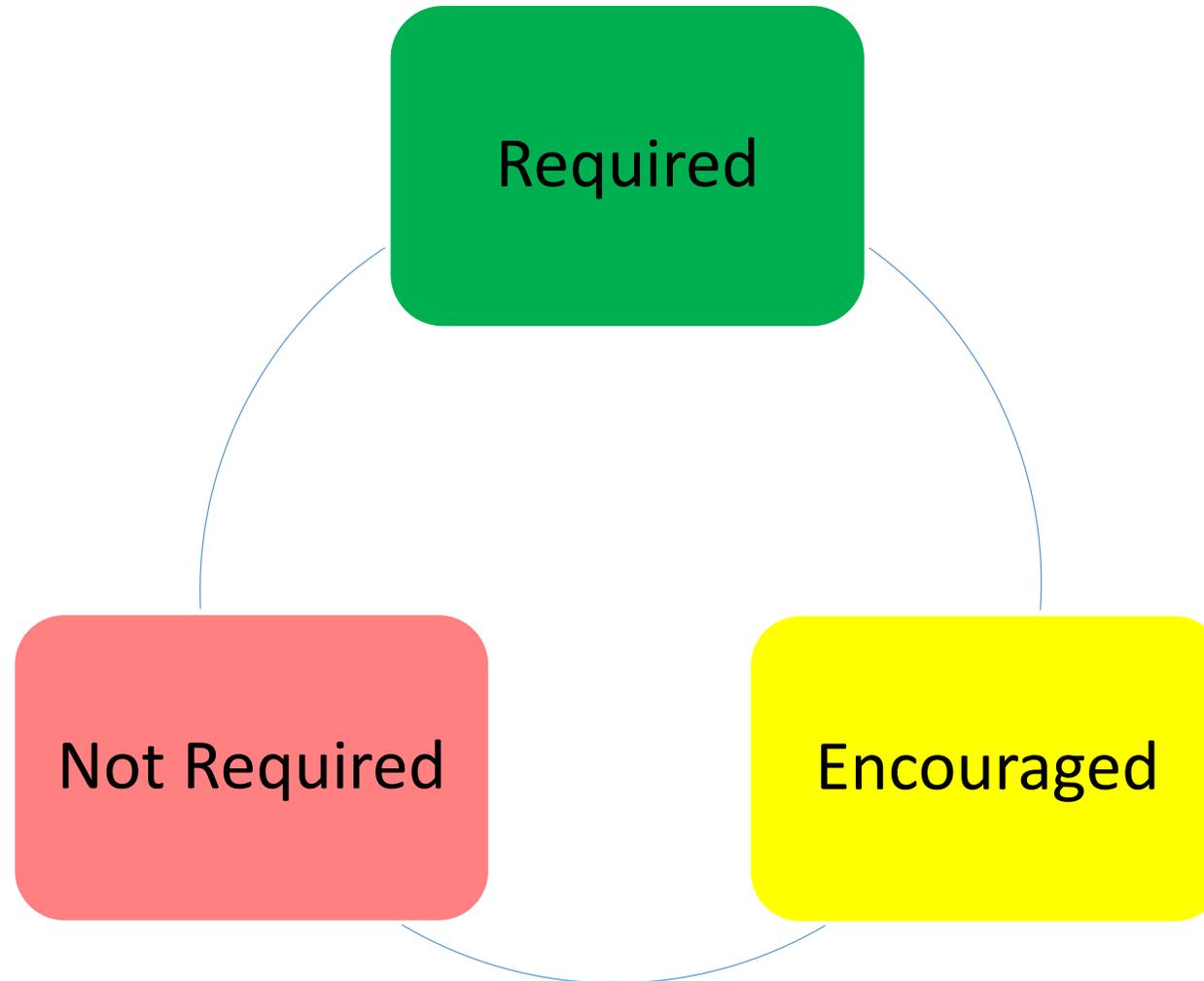
- To align with Federal and State efforts to promote the adoption of Certified Meaningful Use Electronic Health Records
- To promote a more efficient delivery of coordinated care

The Next Few Slides Will...

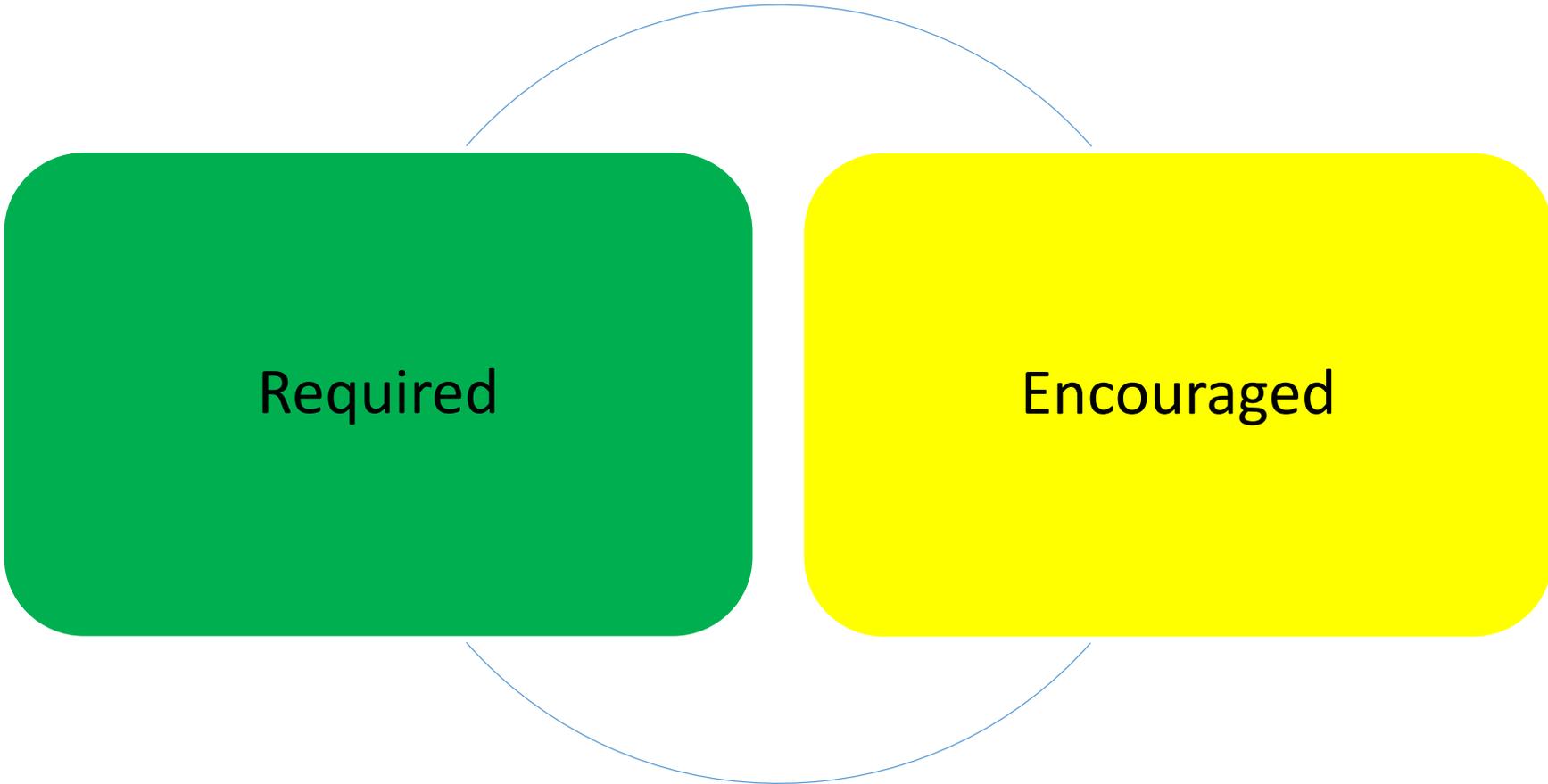
- Clarify requirements for meeting HIT standard 6F
- Demonstrate a documentation tool designed to assist Health Homes in meeting HIT standard 6F

Universe of Health Home Clinical (Downstream) Partners/Provider Organizations*

Graph 1

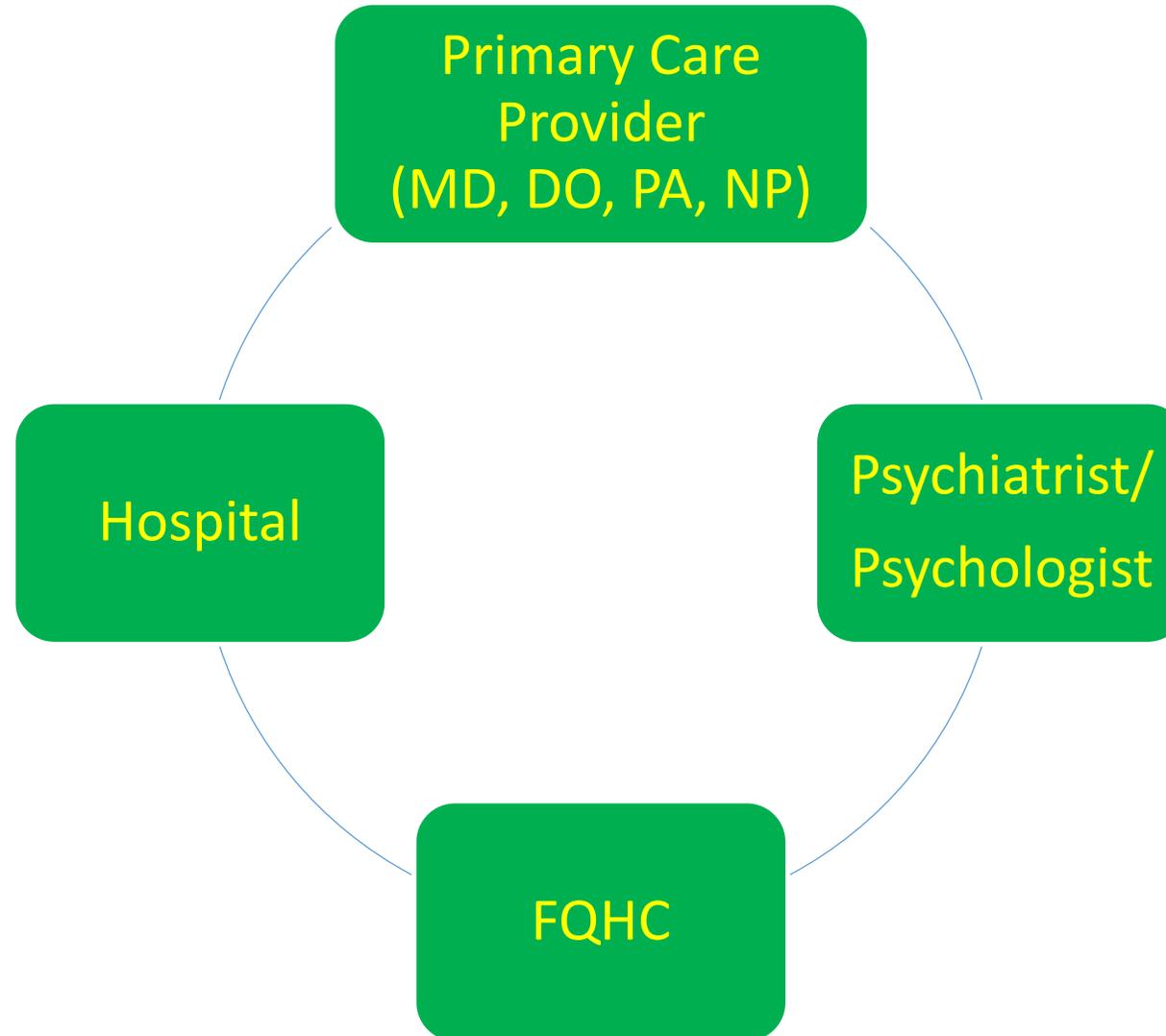


Focus for 6F



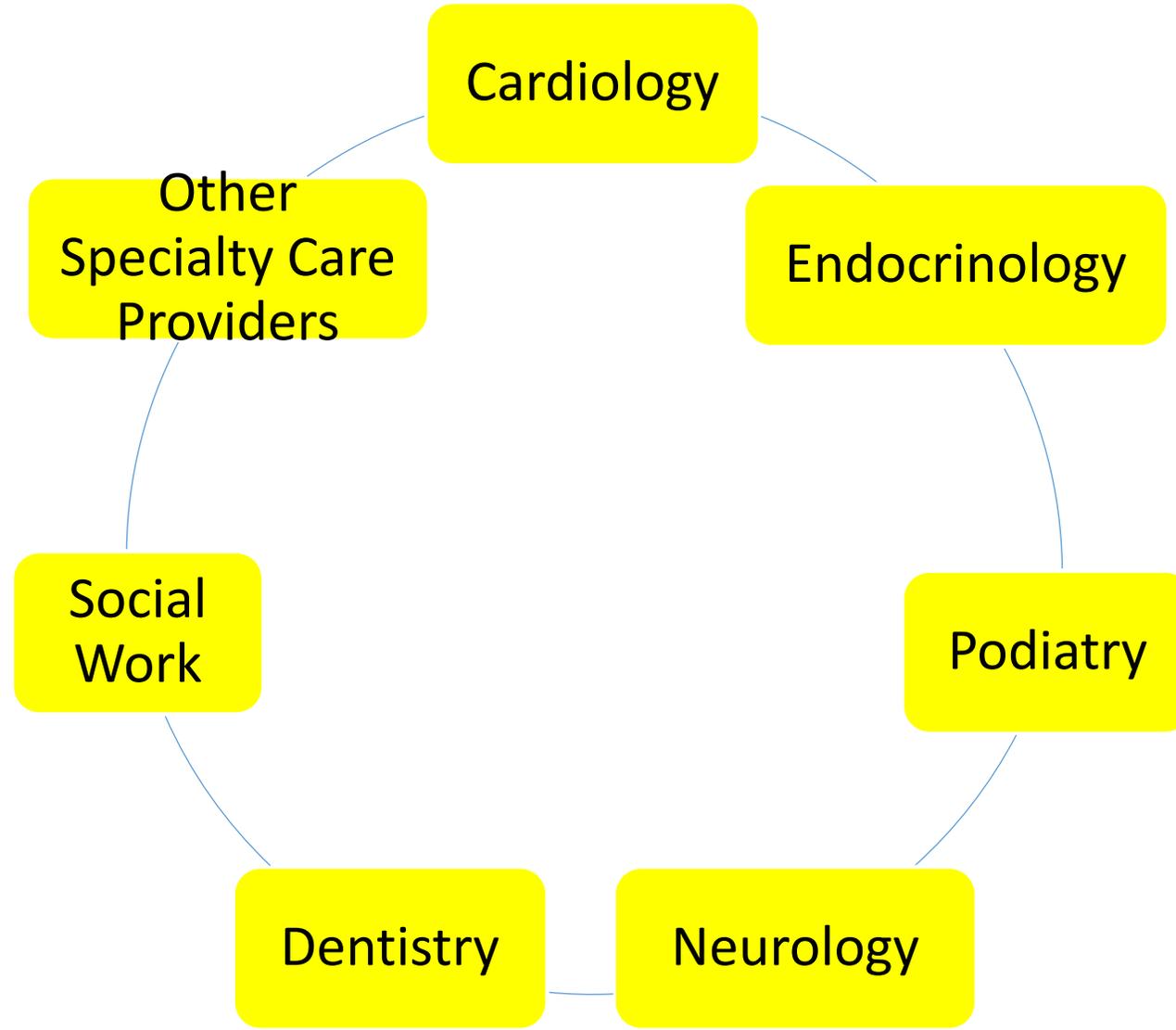
“Required” to Use Certified MU EHRs

Graph 2



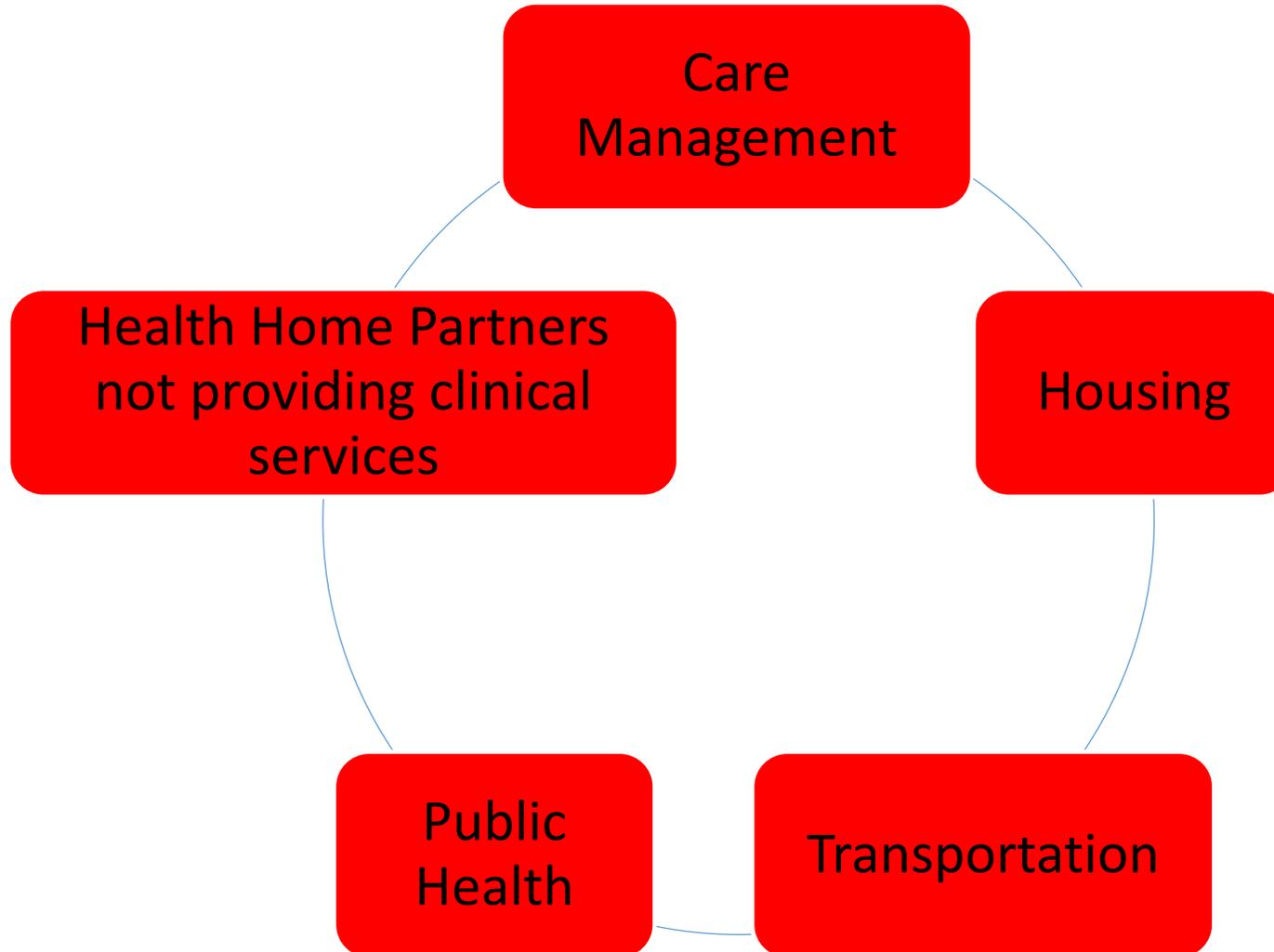
“Encouraged” to Use Certified MU EHRs

Graph 3



“Not Required” to Use Certified MU EHRs

Graph 4



Documentation Tool

REQUIRED	ENCOURAGED
Non-Hospital	Non-Hospital
Hospital – Ambulatory	Hospital – Ambulatory
Hospital – Inpatient	Hospital – Inpatient

Please note Green Color for Required Providers

Required Providers

Clinical Partner/Provider Organization



Number of **Physical** and/or **Behavioral** Health providers (individuals) "required" to use Certified MU EHR(s)

Number of "required" **Physical** and/or **Behavioral** Health providers (individuals) "already" using Certified MU EHR(s)

Name(s) of Certified MU EHR(s)

Percent of "required" **Physical** or **Behavioral** Health providers (individuals) using Certified MU EHR(s)

If less than 100% of **Physical** and/or **Behavioral** Health providers (individuals) are using Certified MU EHR(s), indicate plan for EHR adoption and/or use

ABC Clinical Care Center

Physical

25

23

N/A

92%

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

Behavioral

10

9

Greater PH EHR Company

90%

will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013

Please note Yellow Color for Encouraged Providers

Encouraged Providers

Clinical Partner/ Provider Organization		Number of Physical and/or Behavioral Health providers (individuals) "encouraged" to use Certified MU EHR(s)	Nuber of these Physical and/or Behavioral Health providers (individuals) "already" using Certified MU EHR(s)	Name(s) of Certified MU EHR(s)	Percent of these Physical or Behavioral Health providers (individuals) using Certified MU EHR(s)	If less than 100% of Physical and/or Behavioral Health providers (individuals) are using Certified MU EHR(s), indicate if you have a plan for EHR adoption and/or use
ABC Clinical Care Center	Physical	125	100	Greater PH EHR Company	80%	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
	Behavioral	10	9	Greater PH EHR Company	90%	will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013

Non-Hospital Clinical Partner/Provider Organization

Required Providers

Clinical Partner/Provider Organization						
ABC Clinical Care Center	Physical	25	23	N/A	92%	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
	Behavioral	10	9	Greater PH EHR Company	90%	will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013

Hospital Clinical Partner/Provider Organization

Inpatient

Required Providers

Clinical Partner/Provider Organization						
ABC Clinical Care Center	Physical	0	0	N/A	#DIV/0!	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
	Behavioral	10	9	Greater PH EHR Company	90%	will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013

Hospital Clinical Partner/Provider Organization

Ambulatory

Required Providers

Clinical Partner		Number of Physical and/or Behavioral Health providers (individuals) "required" to use Certified MU EHR(s)	Number of "required" Physical and/or Behavioral Health providers (individuals) "already" using Certified MU EHR(s)	Name(s) of Certified MU EHR(s)	Percent of "required" Physical or Behavioral Health providers (individuals) using Certified MU EHR(s)	If less than 100% of Physical and/or Behavioral Health providers (individuals) are using Certified MU EHR(s), indicate plan for EHR adoption and/or use
ABC Clinical Care Center	Physical	10	5	N/A	50%	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
	Behavioral	10	9	Greater PH EHR Company	90%	will need to purchase Greater EHR Company - timeframe scheduled for purchase by 2/2013

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

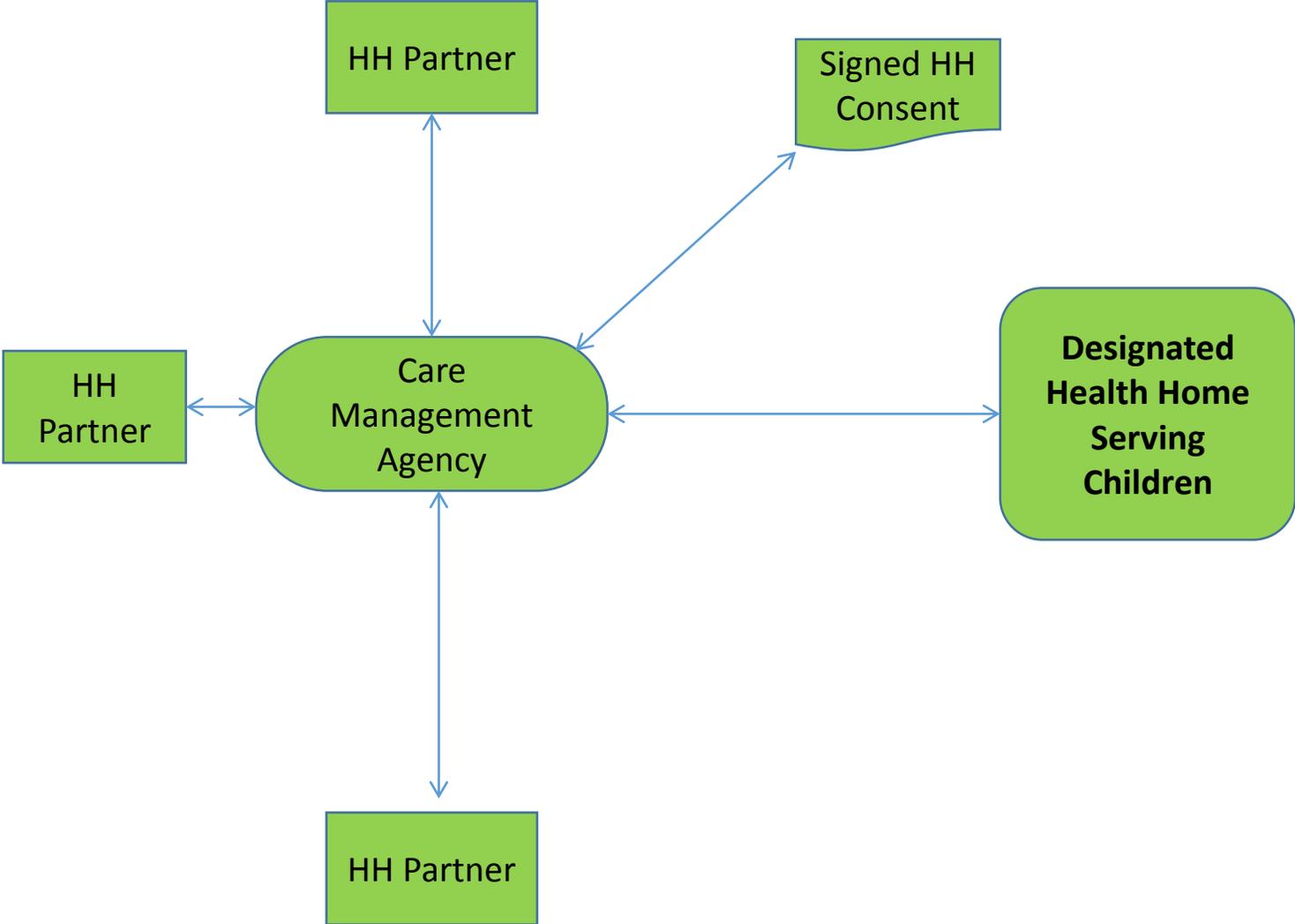
- HIT standards Q/A found on NYS Medicaid Health Home website (January 30, 2013 Medicaid update webinar):

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/2013-01-30_hh_biweekly_session_hit_standards.pdf

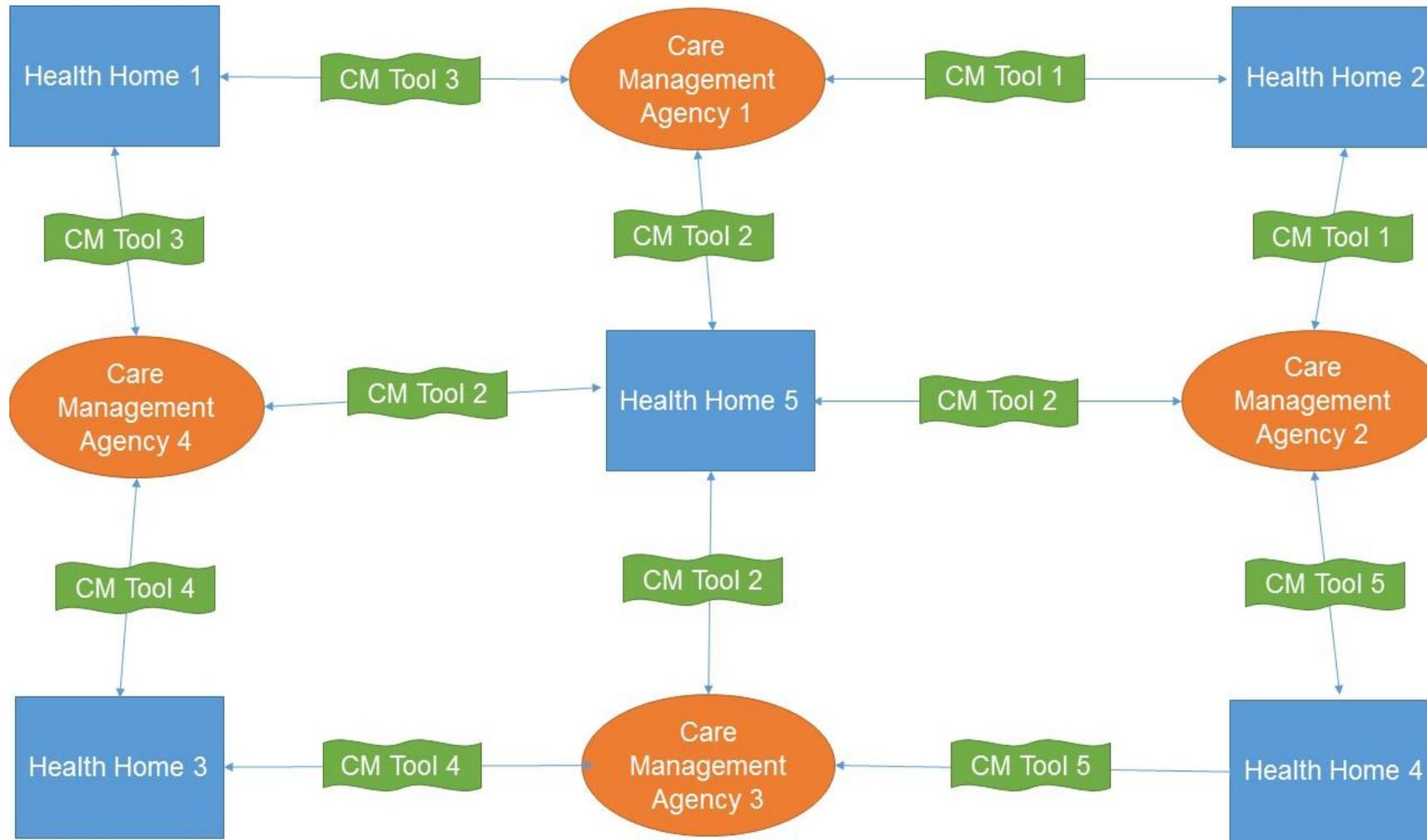
- Ongoing trainings/TA on meeting Health Home HIT standards



Health Home Vision



Challenges for Care Management Agencies using Electronic Care Plan Tools





Eric Weiskopf, M.Ed

HIT Program Specialist

NYS Office of Health Insurance Programs

eric.weiskopf@health.ny.gov