

NYS Care Management
Training Initiative



New York State
Council for Community
Behavioral Healthcare



eTools for Health Homes

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Marni Ehrlich

mehrlich@jemsconsult.com

631-757-6363

GOAL OF THE NYS CARE MANAGEMENT TRAINING ETOOLS MODULE

To provide technology education, training, and ongoing support to care managers who are in transition of their workforce responsibilities in a way that utilizes their existing knowledge, skills and strengths so that individuals with complex needs can improve their health and wellness and realize their full potential.

TODAY'S WEBINAR OBJECTIVES

As a result of today's workshop CM will:

- Understand American Recovery and Reinvestment Act (ARRA) HITECH Regulations and their impact on Health Homes
- Overview of how Health Information Technology (HIT) is being used in HH settings
- Review HIT tools available to CM

**UNDERSTANDING THE
AMERICAN RECOVERY
AND REINVESTMENT ACT
(ARRA) HITECH
REGULATIONS AND THEIR
IMPACT ON HEALTH
HOMES**

ARRA HITECH REGULATIONS

Meaningful Use and EHR Incentive Programs :

- In 2008, the Federal Government created a law to drive the Meaningful Use MU of HIT (EMR System) to:
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families in their health care
 - Improve care coordination
 - Improve population and public health
 - All the while maintaining privacy and security
- Two Programs were created
 - Medicaid EHR Incentive
 - Medicare EHR Incentive
- Eligible Professionals (EPs) that Participate in Health Home are mandated to participate
 - Physicians, Nurse Practitioners, Certified Mid Wives, and Physicians Assistants in FQHC

WHO IS AN ELIGIBLE PROFESSIONAL (EP)

Medicaid	Medicare
<ul style="list-style-type: none">• Physicians• Dentists• Certified Nurse-Midwives• Nurse Practitioners• Physician Assistants who are practicing in FQHCs or RHCs led by a physician assistant	<ul style="list-style-type: none">• Doctor of Medicine or Osteopathy• Doctor of Dental Surgery or Medicine• Doctor of Podiatric Medicine• Doctor of Optometry• Chiropractor

MANY AGENCIES AND PROVIDERS ARE PARTICIPATING

Medicaid Incentive Payments

	AIU August 2012		MU August 2012		Program-To-Date (Jan 2011 to Present)	
	Providers	Payment	Providers	Payment	Providers	Payment
Physicians	2,479	\$ 51,757,951	265	\$ 2,256,751	40,353	\$ 833,179,251
Nurse Practitioners	618	\$ 13,153,750	98	\$ 871,250	9,481	\$ 197,817,920
Dentists	309	\$ 6,566,250	4	\$ 34,000	3,378	\$ 71,523,250
Certified Nurse - Midwives	65	\$ 1,381,250	6	\$ 51,000	1,180	\$ 24,705,250
Physicians Assistants practicing in FQHC or RHC led by a PA	34	\$ 722,500	1	\$ 8,500	620	\$ 12,932,750
Eligible Professionals Total	3,505	\$ 73,581,701	374	\$ 3,221,501	55,012	\$ 1,140,158,421
Acute Care Hospitals (including CAHs)	114	\$ 80,835,389	37	\$ 20,644,761	2,523	\$ 2,053,033,862
Children's Hospitals	-	\$ -	-	\$ -	49	\$ 134,258,210
Eligible Hospitals Total	114	\$ 80,835,389	37	\$ 20,644,761	2,572	\$ 2,187,292,073
Grand Total	3,619	\$ 154,417,090	411	\$ 23,866,262	57,584	\$ 3,327,450,494

Source: CMS August Estimates
Medicare Paid out an additional \$1.2B

WHAT MEANINGFUL USE IS ALL ABOUT!

Key Elements of MU

- Use of Certified EHR Technology
- Meet Staged IT Functionality Measures
- Meet Staged Clinical Quality Measures

Outcomes

- Better Patient Care
- Improve Communications
- Using Better Information to Make Better Decisions

STAGE 1 MEANINGFUL USE CRITERIA

	Core Set	Menu Set
Meaningful Use Objectives	15 Core Objectives	5 of 10 Menu Set Objectives
Clinical Quality Measures	3 core measure, or 3 alternate core measures	3 of 38 Menu Set Measures

There are many exceptions for Behavioral Health Providers

CORE METRICS	Threshold	Exclusions
Improving quality, safety, efficiency and reducing health disparities		
Percentage of unique patients seen with at least one medication in their medication list and having at least one medication order entered using CPOE (>30%).	30%	EP who writes <100 prescriptions
Drug-drug and drug-allergy interaction checks enabled for entire reporting period.	YES	
Percentage of permissible prescriptions written that are transmitted electronically using certified EHR technology (>40%).	40%	EP who writes <100 prescriptions
Percentage of unique patients seen who have demographics recorded as structured data (>50%).	50%	
Percentage of unique patients seen who have at least one entry, or indication that no problems are known, in the problem list (>80%).	80%	
Percentage of unique patients seen who have at least one entry, or indication that no medication currently prescribed, in medication list (>80%).	80%	
Percentage of unique patients seen who have at least one entry, or indication of no known medication allergies, in the medication allergy list (>80%).	80%	
Percentage of unique patients seen, age 2 and over, who have height, weight and blood pressure recorded as structured data (>50%).	50%	If all three vital signs of height, weight and blood pressure have no relevance's to scope of practice
Percentage of unique patients seen, age 13 and over, who have smoking status recorded as structured data (>50%).	50%	
At least 1 clinical decision support rule implemented during entire reporting period.	YES	
Ambulatory clinical quality measures for entire reporting period reported to CMS or the States (2011 via attestation, 2012 electronically).	YES	No Minimum Values are required and EPs are not penalized for reporting zero values for CQMs in Stage 1
Engage patients and families in their health care		
Percentage of patients requesting an electronic copy of their health information (Including diagnostic test results, problem list, medication lists, medication allergies) who are provided it within 3 business days (>50%).	50%	
Percentage of all office visits for which patients are provided clinical summaries within 3 business days (>50%).	50%	
Improve Care Coordination		
Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	YES	
Ensure adequate privacy and security protections for personal health information		
Have conducted or reviewed a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary and corrected identified security deficiencies.	YES	

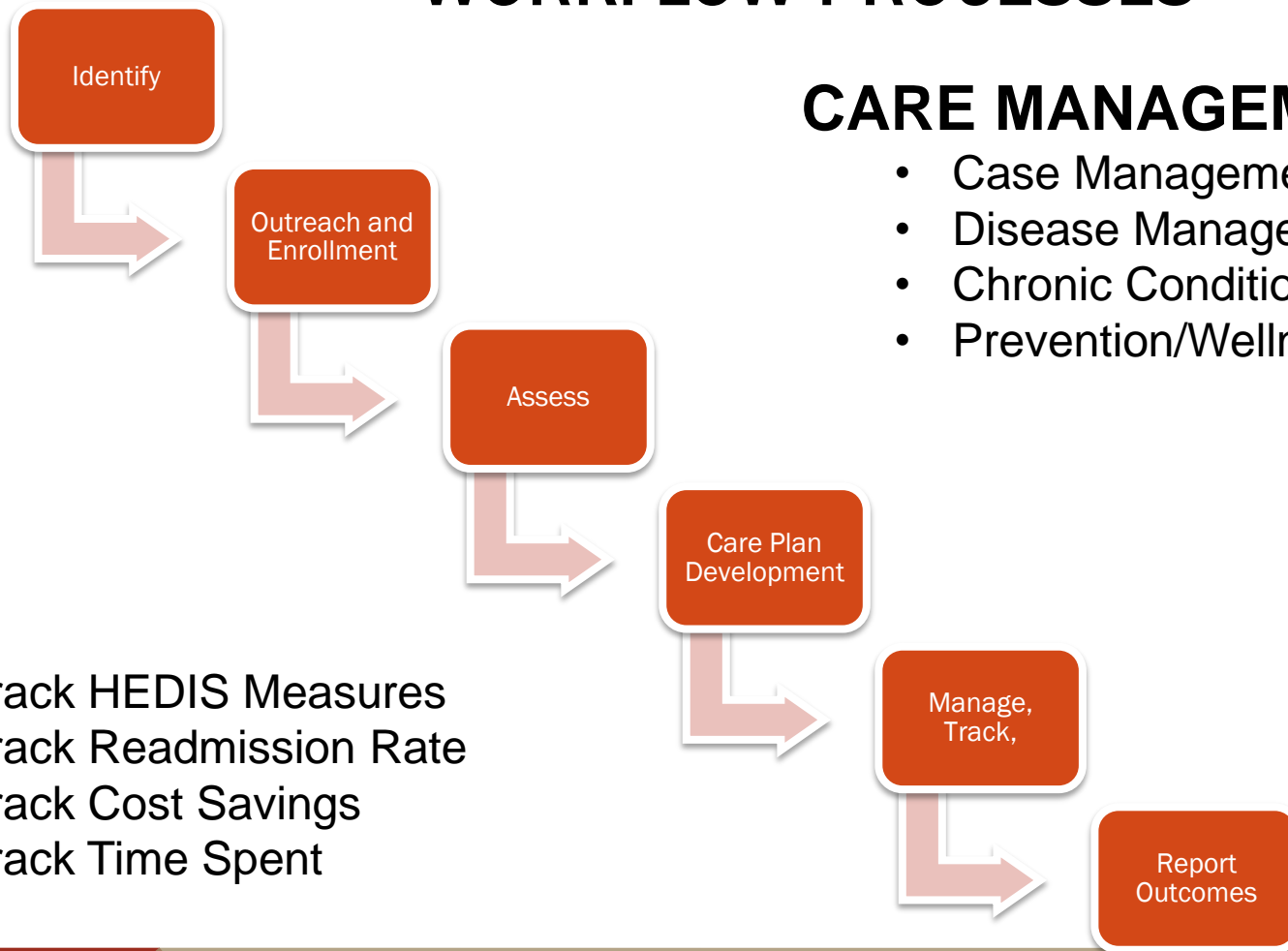
WHY ARE THESE PROGRAMS IMPORTANT TO CARE MANAGERS

HITECH Enables Integrated Care Coordination

- **Mandates electronic exchange of Patient Health Record**
- **Provides funding**
- **Educates patients about online access to their health information**
- **Enables CMs to be added to existing consent documents of referring providers in Health Home**

**OVERVIEW OF HOW
HEALTH INFORMATION
TECHNOLOGY IS BEING
USED IN HH SETTINGS**

WORKFLOW PROCESSES



CARE MANAGEMENT

- Case Management
- Disease Management
- Chronic Condition Mgmt.
- Prevention/Wellness

- Track HEDIS Measures
- Track Readmission Rate
- Track Cost Savings
- Track Time Spent

IDENTIFICATION

One of the most challenging parts of the Health Home Process is Identification clients

- Lists of potential clients needs to be cleaned, stratified, and organized to allow you to focus your time
- Data Mining Client List that meet criteria that best meets HH objectives
- Health Homes are struggling with developing the right list of clients for Care Managers
- Managing Data is key to enabling care managers in performing their job
- Potential Tools
 - Use of Databases in HH Care Management Systems
 - Interim use of Microsoft Access or Excel

OUTREACH AND ENROLL

- Recruiting, Educating and Providing Methods for On-going Contact
- Consent Management
- Technology enabled outreach and enrollment
 - Tools to engage clients through use of technology
 - Use of getting cell phone as method as an outreach tools
 - Use of texting as method of communications
 - Automated Outbound Calling Systems to reach Clients
 - HH will have specific forms
- Potential Tools to enable outreach
 - Use of Medicaid Free Cell Phone
 - <http://medicaidcellphone.com/>
 - Interactive Voice Response IVR System
 - Regional Health Information Organization Consent Systems

ASSESSMENT

- **Telephonic, Self Assessment, Face to Face**

- **How can you use technology to aid assessment**
 - **Use of Medicaid Cellphone to perform Telephonic Assessment**
 - **Website for Self Assessment**
 - **Assessment Forms in Integrated Care Management Systems**

DEVELOPMENT OF CARE PLAN

- HH requires that all clients must have a documented care plan
- Technology can help you take the assessment data and automatically generate Care Plan.
- These auto-generated care plans can be customized to your organization's specific guidelines
- eTools
 - Integrated Care Systems
 - NetSmart, TCS Healthcare, HiNext, and Clinical Support Services

MANAGE AND TRACK

- ER and Hospital Admissions/Discharges
- Medication Adherence
- Transition of Care
- eTools
 - RHIO Event Alerts
 - Integrated Care Systems

REPORT OUTCOMES

- HH requires a process that report outcomes of:
 - Care Plan Goals and Compliance
 - Reports must be available by client and by program
 - eTools
 - Integrated Care Systems
 - RHIO Tools

REVIEW OF CM HIT

Platform of Connected Capabilities

Care Coordination



Applications to manage transitions of care

Analytics



Analytics across multiple sources of clinical & administrative data

Physician Alerts



Real-time messaging at the point of care

Patient Engagement

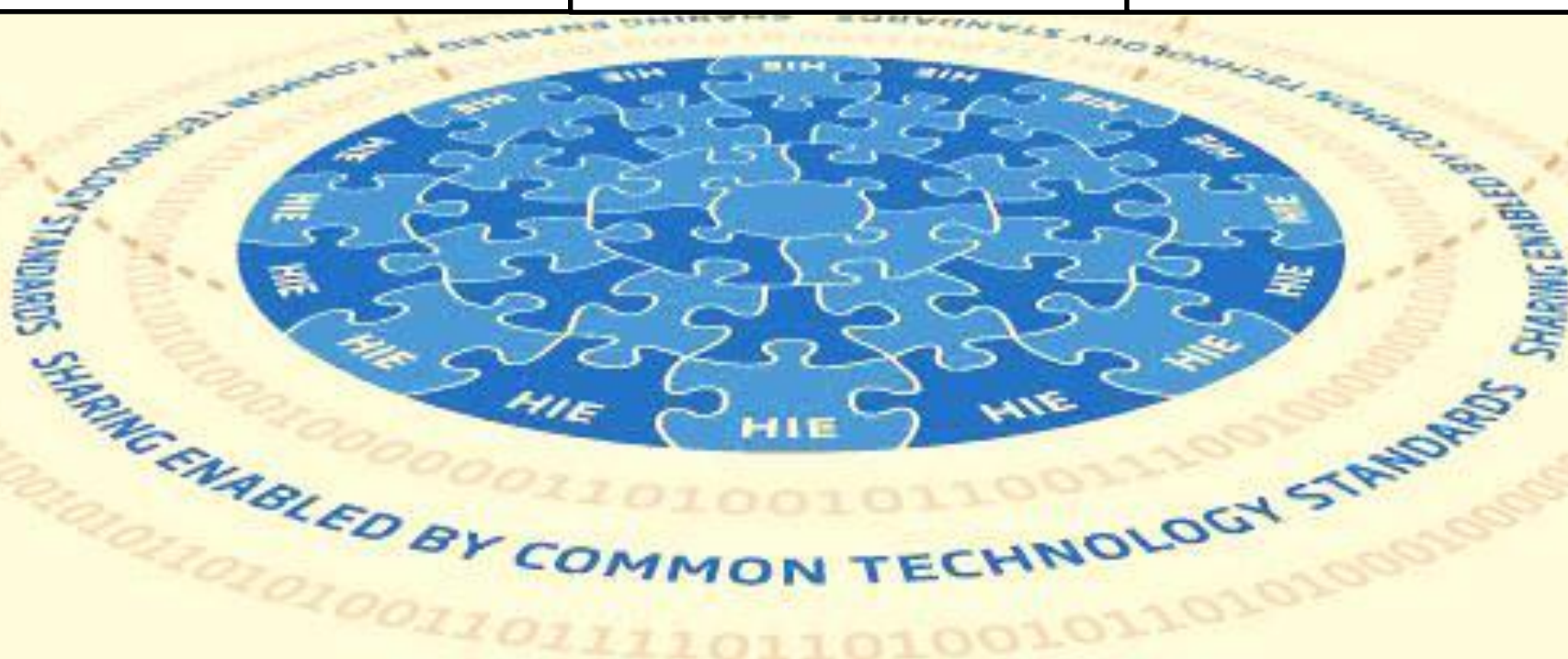


Tools that allow patients to make better health care decisions and track their own health

Care Management Systems

RHIO Services

CRM Systems



REGIONAL HEALTH INFORMATION ORGANIZATIONS (RHIO) SERVICES

Applications

- **Regional Patient Health Information Repository**
- **Connecting Different Electronic Medical Records Systems**
- **Clinical Event Notification**



REGIONAL HEALTH INFORMATION ORGANIZATIONS (RHIO)

Adirondack Health Information Exchange (ARCHIE)	Northeastern
Bronx RHIO	New York City
Brooklyn Health Information Exchange (BHIX)	New York City
eHealth Network of Long Island	Long Island
Greater Rochester RHIO (GrRHIO)	Rochester
Health Advancement Collaborative of Central New York (HAC-CNY)	Central
Health Information eXchange of New York (HIXNY)	New York City and Long Island
HealthLink	Western
Interboro RHIO	New York City
HEALTHIX	Northeastern
Southern Tier Health Link of New York (STIHL)	Southern Tier
Taconic Health Information Network and Community RHIO (THINC)	N. Metro

NYS AVAILABLE TOOLS

PSYCKES

What is PSYCKES?

- A secure, HIPAA-compliant web-based application that makes Medicaid claims data available to behavioral health providers to support clinical decision-making and quality improvement.
- Contains records of over 3.9 million Medicaid enrolled individuals including:
 - Fee-for-service claims
 - Managed care encounter data
 - Dual-eligible (Medicare/Medicaid): includes Medicaid
 - data only
 - Behavioral health population, i.e., at least one of the following:
 - Mental health or SUD service
 - Mental health or SUD diagnosis
 - Psychotropic medication

NYS AVAILABLE TOOLS

PSYCKES

- Go to PSYCKES Home Page: www.psyckes.org
- Click “Log Into PSYCKES”

The screenshot shows the PSYCKES Medicaid Home page. At the top, there is a navigation bar for the New York State Office of Mental Health, including a search bar and links for Home, News, Publications, Resources, Employment, and A-Z Site Map. The main content area is titled "PSYCKES Medicaid Home" and features three large blue arrows pointing right, labeled "PSYCKES", "Initiatives", and "Resources".

- PSYCKES** arrow points to a grey arrow containing:
 - ▶ PSYCKES Medicaid
 - ▶ Log into PSYCKES
 - ▶ MyPSYCKES
- Initiatives** arrow points to a grey arrow containing:
 - ▶ Freestanding Mental Health Clinics
 - ▶ Hospital-Affiliated Mental Health Clinics
 - ▶ Other Initiatives
- Resources** arrow points to a grey arrow containing:
 - ▶ Quality Improvement Teams
 - ▶ Clinicians
 - ▶ Consumers and Families

On the left side of the page, there is a vertical menu with the PSYCKES MEDICAID logo and the following links: Log Into PSYCKES, About PSYCKES, Calendar, News, Quality Concerns, Initiatives (with sub-links for Freestanding Clinics, Hospital Clinics, and Other Initiatives), Resources (with sub-links for QI Teams, Clinicians, and Consumers/Families), FAQ's, A to Z Site Map, and Contact Us. Two red arrows are present: one pointing to the "Log Into PSYCKES" link in the left menu, and another pointing to the "Log into PSYCKES" link in the PSYCKES arrow.

NYS AVAILABLE TOOLS

PSYCKES

Recipient Search:

PSYCKES MEDICAID New York State **om** Office of Mental Health

Agency Reports Mapping **Recipient** MyPSYCKES Registrar Menu Log Off De-Identify Data

Recipient Search

Export PDF Excel

Recipient Last Name: Age Range: Region: County:

Medicaid Id: Indicator:
SSN (XXX-XX-XXXX): Antipsychotic Three Plus
Prescriber Last Name: Antipsychotic Two Plus
Drug Name: Antidepressant Three Plus
Active Drug: Antidepressant Two Plus - SC
Psychotropics Four Plus
Psychotropics Three Plus
Cardiometabolic Risk Summary

Provider: OMH Lic. Programs:
Service:
Service Details:
Managed Care Program:
Consent Status:

Psychotropic Drug Class:
Non-Psychotropic Drug Class:
Behavioral Health:
Medical Diagnosis:

Maximum No. Of Rows to be displayed:

Release: 4.7.1.4

NYS AVAILABLE TOOLS

PSYCKES

Click on Recipient Name >> Clinical Summary

Log Off

 De-Identify Data

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

Export

Recipient Search

Selection Criteria: Total No. Of Recipients = 32 Maximum Number of rows Displayed = 50

Indicator: High Need - Ineffectively Engaged
Agency: ABC Hospital
Modify Search

Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Aeiaiec Ecqaibc	Debafha Agcedci	12/31/9999	M - 38	BH Rehosp-30d,HINeed
Afedehd Bcbdbfd	Hdfcbag Ecdiaaa - - -	12/31/9999	M - 50	4+ Inpt/ER-All,HINeed,4+ Inpt/ER-Med
Afedehd Bcbdbfd	Agiacff Fdbfdgh	12/31/9999	M - 44	4+ Inpt/ER-All,HINeed,BH Rehosp-7d,4+ Inpt/ER-BH,BH Rehosp-30d
Afedehd Bcbdbfd	Eiabbdh Gfifcfc	12/31/9999	M - 37	HINeed
Afedehd Bcbdbfd	Dbfadbc Ddfciah	12/31/9999	M - 46	4+ Inpt/ER-All,HINeed,BH Rehosp-7d,BH Rehosp-30d,4+ Inpt/ER-Med,4+ Inpt/ER-BH
Afedehd Bcbdbfd	Jgfbbgc Aeeebbj	12/31/9999	M - 52	4+ Inpt/ER-All,HINeed,DoseANX

Release: 4.6

NYS AVAILABLE TOOLS

PSYCKES

Consent Module

PSYCKES MEDICAID

New York State
omh
Office of Mental Health

Log Off

Medicaid Consent Manage MyPsyches Users Recipient Census **Consent Forms** Administration

Return to Home

Psyches Medicaid - Print Consent Form ([English Version](#))([Spanish Version](#))

Psyches Medicaid - Print Withdraw Consent Form ([English Version](#))([Spanish Version](#))

Release: 4.3.4

- PSYCKES Consent Forms
- Consent and Withdrawal of Consent
- Available in English and Spanish

NYS AVAILABLE TOOLS

PSYCKES

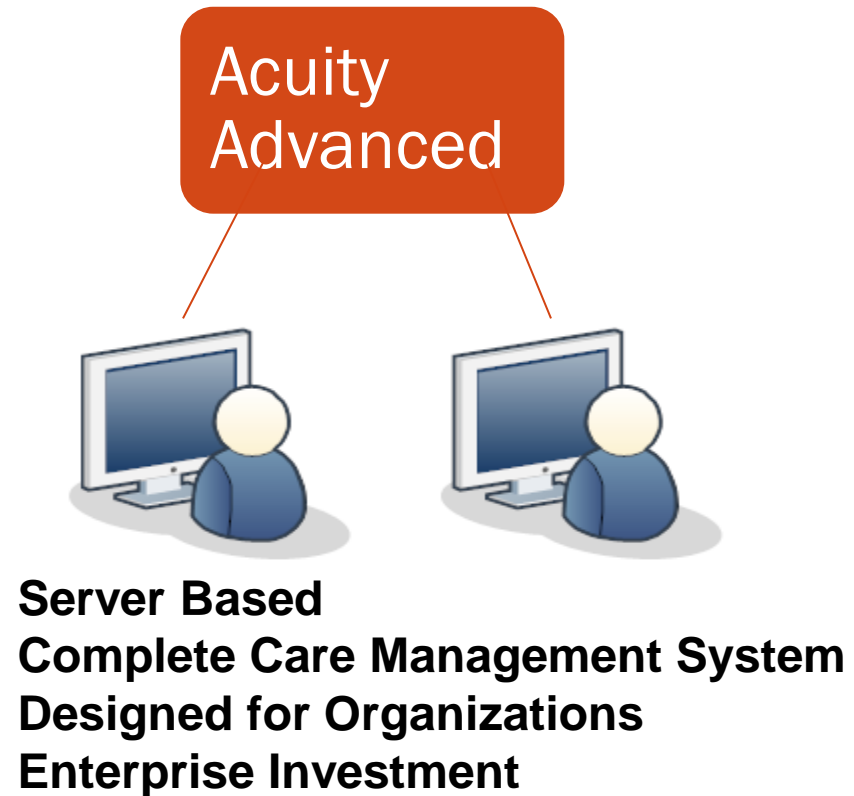
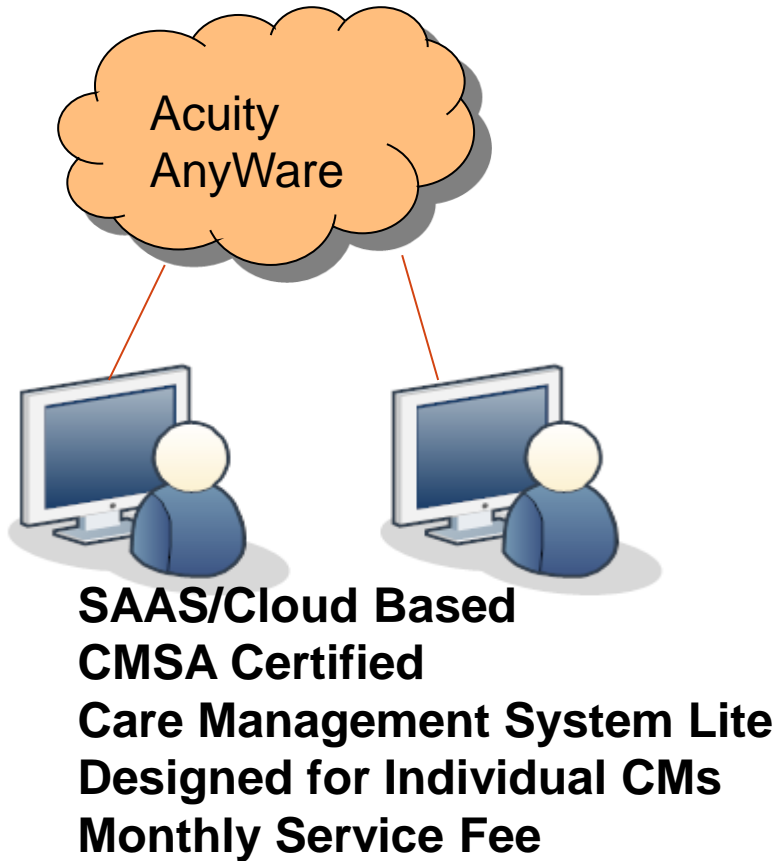
Resources:

- PSYCKES WEBSITE: www.psyckes.org
- PSYCKES Users' Guide
- Frequently Asked Questions
- Recorded Webinars

INTEGRATED CARE MANAGEMENT SYSTEMS (SOME EXAMPLES)

Integrated Care Management	Vendor
Acuity Advance Care/Anyware	TCS Healthcare
iDeal Health Homes	Clinical Support Services
HINext	Treat

ACUITY ANYWARE AND ADVANCED



ACUITY

Features :

- Business logic automates task and workflow management
- 40 user-defined fields on every screen
- Free clinical content, including assessments, care plans, and medical codes
- Automated care plans from risks/gaps in care identified in assessments
- Claims, labs, medications, and other data viewable within Acuity
- Generate letters to patients and providers automatically
- WebLinks – quick access to frequently used web sites or applications
- Email, notes, phone call log, spell-checker, attachments, and more
- Standard interfaces with InterQual (McKesson), Care Guidelines (Milliman), and Length of Stay Guidelines (Thomson Reuters)
- Record privacy and role-based security
- HIPAA-compliant and ICD-10 ready
- 40+ standard reports and Ad-Hoc reporting
- Dashboards provide business intelligence and data analytics

IDEAL HEALTH HOMES SOLUTION

Patient Demographics

- Complete compendium of patient demographic information.
- Allows users to monitor current address, phone numbers and other vital patient information.

Patient Assignment

- Refer and share patients' PHI with other Partners.

Communication

- Internal email system to transmit PHI data within HIPAA regulations.

Privacy and Security

- Individual user authentication
- Permission customizable by role type
- User activity audited with User ID and timestamps
- Secure transmission protocols for claims and EHR transmissions
- Hosted at HIPAA-compliant facility

The screenshot displays the 'Ideal Health Homes Solution' interface. At the top, there are navigation tabs: 'Work Queue', 'Patient Chart', 'Address', 'Providers', 'Pharmacy', 'Insurance', and 'Reports'. Below these is a header area with 'Edit Patient Information' and 'Hide Patient Information' options. The main content area is divided into two columns. The left column contains patient details: 'Patient Name: user, test a', 'Patient MR#: tau111', 'Gender: male', 'Date Of Birth: July 31, 1981', and 'Race: White/Caucasian'. The right column contains links for 'Consent Forms', 'Patient Contact', 'Assign', and 'Additional Patient Information'. Below this is another set of navigation tabs: 'Documents', 'Claims', 'Patient Registry', 'Patient Assessments', 'Recommendations', 'Billing', and 'Report (Patient)'. The 'Recommendations' tab is active, showing a table with columns for 'Date', 'Status', 'Priority', and 'Reason for Service'. The table has one row with 'September 29, 2009', 'New', and 'New Patient Review'. Below the table are buttons for 'Print', 'Stat Path', and 'Delete'. There are also links for 'Print New Recommendations', 'Add New Recommendation', and 'No Recommendation Required'. A 'Select' dropdown menu is visible at the bottom right.

IDEAL HEALTH HOMES SOLUTION

Patient Evaluation Tools

- Designed by clinicians
- Interfaces
- Quick Input
- High Inter-rater Reliability
- Error Proofing
- Data-base query and reporting
- Longitudinal assessment tracking
- Allows documentation of patient improvement over time
- Licensed evaluations
- Custom evaluations

Western New York
Quality Measurement Collaborative

Logged In: Notaro, James

Create Error Log | Employee Site | Jump To:

Patient: user, test a DOB: July 31, 1961

Date:

Over the <u>past 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If any problem(s) on the list above has been checked as more than "not at all," how difficult has it made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diagnostic Assessment
Treatment Monitoring

Depressive Type:
Severity:

Treatment:

Fracture:

TREAT

- A web-based Care Coordination platform
- Originally designed to meet the special needs of behavioral health care providers, and integrate interdisciplinary mental health and addictions treatment with primary care
- Creates a longitudinal patient record that combines behavioral health and primary health history
- Tracks patient progress across domains
- Collects vital clinical data across domains
- Quantifies outcomes across domains using complex algorithms to produce accurate, valuable data
- Contains a catalogue of standardized assessment tools tailored to both behavioral and primary care, including many government mandated assessments (e.g. NYSCRI)
- Provides advanced outcomes reporting functionality

Care Plan Summary

Teresa Janz, CAMH
logged in

Client: **Lindsay Kim** MRN #: **00073**

Printable Version

Client Information/Alerts

Client Participation

Client Summary

Create New eIPCC Issue/Need

Filter By:

Strengths / Resources:

- Client able to identify psychological impact of her condition (MED)
- Client and partner motivated to learn cooperation and new skills (Hou)
- Client able to contact state welfare independently (Fin)
- Client able to identify physical harm resulting from injury due to illness (GHL)
- Client adheres to medications and is motivated to learn to manage her illness. (M)

Challenges:

- Client experienced anxiety about dizziness (MED)
- Partners have diverging standards (Hou)
- Low income (Fin)
- Client experienced anxiety about dizziness (GHL)
- Ongoing mood fluctuations make it difficult to maintain focus. (M)

	Issues / Needs Title	Domain	Goals	Goal Status	Last Modified By	Last Modified	Time Limited	Client Goal Priority	Clinician Goal Priority
<input type="checkbox"/>	Labrynthitis	Medical (MED)	Monitor the condition.	In Progress	Aurino Correia, MD (PCP)	18-Feb-2011 10:50 AM		High	High
<input type="checkbox"/>	Problems with live-in partner	Housing (Hou)	Obtain new living arrangement	In Progress	Chris Wilson, MSW (Shelter)	18-Feb-2011 11:00 AM		High	High
<input type="checkbox"/>	No financial support	Finances (Fin)	Obtain financial support.	In Progress	Sara Smith, MSW	18-Feb-2011 10:34 AM		High	High
<input type="checkbox"/>	Falls due to dizziness	General Health / Lifestyles (GHL)	Harm reduction - falls	In Progress	Sara Smith, MSW	18-Feb-2011 10:30 AM		High	High
<input type="checkbox"/>	Mood fluctuations	Mental Health (M)	Improvement of mood.	In Progress	Teresa Janz, MD, FPA (Clinic)	18-Feb-2011 11:02 AM		High	High

Apply Status to selected issues:

Apply

QUESTIONS?



NEXT STEPS

Please share your feedback via the webinar survey

Log on to the NYS Care Management Training Initiative website to review additional resources at www.healthhometraining.com

Feel Free to Contact me with your questions