HEALTH HOME (HH) HEALTH INFORMATION TECHNOLOGY (IT) QUESTIONS –2/6/16

The appropriate and effective of use of health information technology (health IT) is an important component of a state's health home strategy. Accordingly, the state plan amendment (SPA) template includes a number of places where states may describe how they will incorporate health IT tools to achieve the objectives of their state's health home program. This document is intended to assist states as they plan and describe their health home strategy by identifying key questions around the use of health IT states can consider in developing their answers. CMS and the Office of the National Coordinator for Health IT (ONC) are available to discuss these issues in greater detail upon request.

1. **Health IT Adoption.** The SPA template section "Health Home Provider Requirements" (p. 3) specifies that health home providers should "demonstrate a capacity to use health information technology," and asks the state to describe both how it will support this activity and how it will incorporate this activity into the standards that health home providers must meet.

   In completing this section, states should consider the following questions in describing how health IT requirements will be incorporated into standards for health home providers.

   a. Will the state require that eligible providers have successfully attested to the Medicare or Medicaid EHR Incentive Programs? If so, will the state specify that those providers must have achieved at minimum a specific Stage of Meaningful Use (e.g. the current stage of MU for the current year as determined by CMS)?
   b. If the state does not require participation in the EHR Incentive Program(s), will the state require that those providers adopt technology certified to a specific Edition of ONC certification criteria? More details about the ONC certification program are available at healthit.hhs.gov.
   c. Will the state require or encourage use of certified health IT for those providers not eligible for the EHR Incentive Programs, such as behavioral health (BH) and long-term services and supports (LTSS) providers?

2. **Interoperability**
   a. In what ways will the state require or encourage providers to use technology products that adhere to national interoperability standards?
   b. Which interoperability standard(s) is the state requiring/encouraging?

3. **Health Information Exchange Strategy.** Under the section "Health Home Services" (p. 6) states are asked to describe how health home providers will use health IT to support a range of care coordination services, including "Care Coordination and Health Promotion," "Comprehensive Transitional Care," and "Referral to Community and Social Supports." Electronic exchange of health information is a key way that health IT can help states succeed in these areas.

   In completing this section, states should consider the following questions in describing how health IT will be used to link health home and other providers.
   a. Will the state require providers to use specific tools or a specific service such as a state or regional health information exchange or portal to facilitate the exchange of health information in support of care coordination and transitions of care?
   b. Will the state support and/or require the use of DIRECT secure messaging as a mechanism for exchanging health information when no other mechanisms are available to particular providers?

c. Does the state have a strategy for ensuring BH, LTSS, human services/social support, and other providers that may not have an EHR have access to information supporting care transitions?
d. How is patient consent for providers to access this information being managed and tracked.
e. Additionally, states should review the health IT capabilities/functions included in the corresponding sections in Appendix A and consider which of these capabilities are available and relevant to their strategy.

4. **Other Health IT Tools and Supports.** The "Health Home Services" section (p. 6) also asks states to describe how they will use health IT to support "Comprehensive Care Management," and "Individual and Family Support Services."

    a. In planning a health IT strategy included under these sections of the template, there are a wide variety of tools and approaches states may consider to promote success across health home providers. States should review the health IT capabilities/functions included in in the corresponding sections in Appendix A and consider which of these capabilities are available and relevant to their strategy.

5. **Electronic Quality Reporting and Measurement.** Under the "Monitoring Section" (p. 9) states are asked to describe how they will use health IT to support care coordination by providers.

    States should consider the following questions in describing how they will use health IT to support monitoring and quality improvement activities:

    a. What options will providers have for electronically submitting required clinical quality measures to the state?
    b. Will the state seek to incorporate use of electronic clinical quality measures as part of the state's health home quality and payment strategies?
    c. What system(s) does the state have that will support the aggregation and analysis of this data? More specifically, will the state establish an infrastructure of Health Information Technology components to support the capture, transformation, loading and analysis of clinical quality data such as?
        1. Identity management, including Master Person Index
        2. Provider Directory
        3. eCQM registries or data warehouses
        4. Technology to support privacy, security, and consent management

APPENDIX A: List of Functions/Capabilities

This attachment provides states with a list of health IT functions/capabilities a state can incorporate into the health IT strategy described in the health home SPA template. This attachment is intended to assist states in assessing gaps and future needs. CMS and ONC are available to provide assistance to states in thinking through these issues. The functions/capabilities listed are those of particular importance to the development of health home programs.

The Office of the National Coordinator develops standards for Health IT functions/capabilities. The standards are developed in concert with a variety of federal partners and other stakeholders, are published for comment in the federal register and are eventually published as a final rule in the federal register. The latest ONC certification criteria published on October 16, 2015 can be found at https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base A subset of the functions/capabilities for which standards have been agreed upon and which are specific to the Meaningful Use program can be found at https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

The functions listed below may or may not have already have had standards developed at the national level and may or may not be included in one of the rules cited above. Depending on the stage of development and the degree to which stakeholders agree on the standards for a particular capability, the functions listed below may fall into one of the following 4 categories:

a. Functions/capabilities for which standards have been developed and which are required to be included in Electronic Health Records (EHR) certified for the Meaningful Use(MU) program
b. Functions/capabilities for which standards have been developed but are not required to be included in EHR for MU. These functions/capabilities may be certified to and found in stand-alone products,/modules, web-based products/modules or may be also be integrated into a more complete EHR product. A certified product must be used to the extent a particular federal, state or other program requires use of such a product.
c. Functions/capabilities for which standards are under development. To date there is no widespread agreement on what those standards are.
d. Functions/capabilities that may be accomplished by a state's current MMIS system such as identifying cohorts with a particular medical condition.

1. Comprehensive Care Management

- Identify cohort and integrate risk stratification information. [d]
- Shared care plan management –standard format. [c]
- Clinical decision support tools to ensure appropriate care is delivered. [a or b?]
- Electronic capture of clinical quality measures to support quality improvement. [a or b?]

2. Care Coordination and Health Promotion

- Ability to electronically capture and share the patient-centered care plan across care team members. [?]
- Tools to support shared decision-making approaches with patients.[c]
- Secure electronic messaging between providers and patients to increase access outside of office encounters. [a or b]
- Medication management tools including e-prescribing, drug formulary checks, and medication reconciliation. [a or b]
- Patient portal services that allow patients to view and correct their own health information.[c]
- Telehealth services including remote patient monitoring. . [c?]

3. **Comprehensive Transitional Care**
    - Automated care transition notifications/alerts, e.g. when a patient is discharged from the hospital or receives care in an ER. [c]?
    - Ability to electronically share care summaries/referral notes at the time of transition and incorporate care summaries into the EHR.[?]
    - Referrals tracking to ensure referral loops are closed, as well as e-referrals and e-consults. [c]

4. **Individual and Family Support Services**
    - Patient specific education resources tailored to specific conditions and needs. [c]

5. **Referral to Community and Social Support Services**
    - Electronic capture of social, psychological and behavioral data (e.g. education, stress, depression, physical activity, alcohol use, social connection and isolation, exposure to violence). [c]
    - Ability to electronically refer patients to necessary services.