

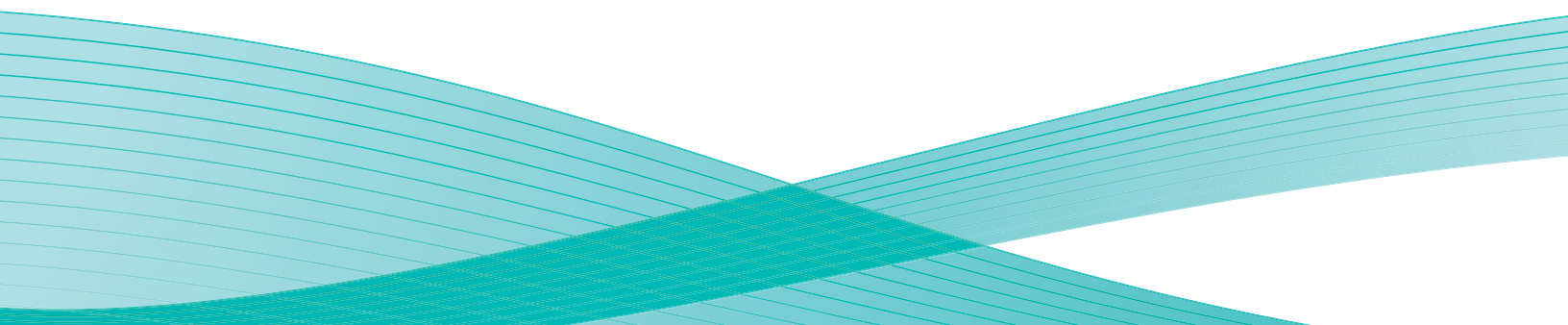


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Getting Well:

How the Right Health Information
Technology Solution Can Pump New
Life into State Healthcare Programs

October 2009



Getting Well

Identifying the Symptoms

An elderly woman loses her paper prescription on her way home from the doctor's office and decides she doesn't need it anyway. Five days later, she's in the emergency room.

A man sees a new M.D. while spending the winter with his daughter and son-in-law in the southern part of the state. He doesn't remember when he had his last lipid panel, so the physician orders another – two months before it is actually needed.

A rural doctor sees an increase in obese children but doesn't have the tools to guide a behavioral change. Meanwhile, the incidence of diabetes and chronic heart disease continues a multigenerational surge.

These are just some of the symptoms of a paper-based, disparate healthcare system that's cumbersome, inefficient and fraught with waste. These are also some of the reasons why states can't afford to wait to take action. As some forward-thinking states have already proven, an automated, interoperable Health Information Technology solution with Electronic Health Records (EHR) and a Health Information Exchange (HIE) not only dramatically improves patient care, but significantly drives down costs as well.

Transforming Paper into a Comprehensive Data Portal

Although the United States spends more on healthcare than any other nation on earth, we're not number one when it comes to patient outcomes. The U.S. is 48th in life expectancy and a troubling 19th out of 19 industrial nations in preventable deaths. Part of the problem is where we're spending our money. According to the *New England Journal of Medicine*, nearly 31 cents of every U.S. healthcare dollar goes toward administrative and other costs. Yet, paper files continue to drive the industry.

The answer is not simply to digitize paper. The true solution involves creating a comprehensive database portal that supports seamless communication among teams of medical professionals to coordinate care, use clinical research to identify the best treatments and better manage chronic conditions. It's both inter- and intra-operable, supporting the entirety of the healthcare system, from patient and physician, hospital and pharmacy to state agencies, state registries and third-party stakeholders. And it's complete – providing timely, actionable data at the point of care; automating administration; and transforming the current paper-based system into one that reduces costs while putting actionable data in front of healthcare providers.

Let's take a look at some of the components of the solution.

Electronic Health Records (EHR) are compilations of individual patient data that follow each person wherever he or she goes. Basically, this is the comprehensive health record that doctors update and monitor, instead of paper files. It's a complete patient view, containing data on medical procedures, hospitalizations and ER visits, diagnoses, allergies, lab results, prescriptions, office visits and vaccinations. The EHR also includes clinical alerts and propensities that could lead to more-severe medical situations, such as excess weight, smoking or family histories indicating a higher risk of certain diseases.

Personal Health Records (PHR) provide a means for the patients, themselves, to view and add notes to their electronic health records, such as documenting any prescription drug reactions, problems with anesthesia or other information that would add value at the point of care.

The **Health Information Exchange (HIE)** is the framework that facilitates the exchange of the electronic health records between the state Medicaid agency and all other health-data-related stakeholders – including payers, laboratories, pharmacies and the school system, among others.

In other words, the HIE electronically moves clinical information among disparate healthcare information systems to provide more-efficient, cost-effective and safer patient-centered care.

A simple example of how the health information exchange benefits both physician and patient can be illustrated when Mr. Sanchez, a patient with chronic congestive heart failure, goes to see a referred physician. Before he arrives, the scheduling nurse initiates a request for his medical records. The provider portal responds by querying the system for all of the appropriate information and combines this, in real time, with his Medicaid information and data from his full range of doctors. The result is a comprehensive medical and medication history, which is presented in a format that's readable within the doctor's own system. The nurse routes this information to the examination room where the doctor can review it before consulting with the patient.

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As a result of this integrated, electronic solution, the physician has an accurate, detailed history on which to make his assessment, instead of having to piece that history together based on patient recall and notes written in a file. Mr. Sanchez doesn't have to "start all over" when he visits a new doctor – once again recounting what he can remember of his medical history. The net-net? The doctor has what he needs to make a quicker, more accurate diagnosis, so the patient gets better care.

Let's look at the broader picture.

In an HIE-empowered state, when Bob the diabetic goes in for his flu shot, an alert pops up, informing the physician that it's also time for his blood glucose test. When Mrs. Sims takes a fall and is rushed to emergency, she no longer has to remember every prescription, dosage and her medical history. The attending physician can access all of these data online. When the rural doctor sees a patient with unique symptoms, she now has the option of accessing information to help with the diagnosis – even setting up remote monitoring of patient vital signs through home health devices, saving an unnecessary hospitalization while still providing the utmost level of patient care.

That's the patient component. The next layer of the solution involves taking out cost on the administrative side of the healthcare equation.

Relieving the Administrative Burden Through Automation

A patient walks into a doctor's office or hospital, presents driver's license and insurance card, and then "has a seat" while a staff member calls to verify eligibility. What if all of that verification can happen automatically? This type of real-time, electronic authorization saves time, streamlines administrative functions and reduces the incidence of fraud. If coverage is denied, it also gives physicians the opportunity to recommend generic drugs or alternate, more-affordable treatments.

This same type of strategy can add efficiency at the pharmacy level. Using the HIE, providers can quickly check prescription drug status and determine if it meets preapproval criteria before they write the prescription. In addition, physicians and pharmacists are advised automatically of any potential adverse drug interactions. Instead of the patient being handed a paper prescription, that e-prescription is sent electronically to the preferred pharmacist, filled and waiting for patient pickup. Patient care improves, patients save time and payers reduce cost.

But, a total healthcare solution doesn't stop there. ACS is uniquely positioned to handle the complete, back-end medical management information system, including billings, claims processing, patient care, and both provider and patient outreach. No other company has the breadth, capacity and experience to offer this type of all-inclusive healthcare solution – one that's already been proven to deliver significant returns.

Creating a Customized Solution, Tailored to Individual States' Needs

Creating and implementing an HIE program is as streamlined as the solution itself. Since inter- and intra-operability are key, ACS solution implementation begins by understanding who all the stakeholders are and what role they play in the health ecosystem. After collecting these data and identifying the scope and breadth of the combined applications, ACS performs a gap analysis to see where the current system falls short. We also look at specific areas for customization.

Every state is unique, with different, dominant chronic diseases and medical needs – so a solution with plug-and-play customization is essential. For example, State X may have twice the incidence of asthma as State Y. In this case, ACS would align the solution to address that unique health issue with additional clinical alerts to both the providers and the patients, educational information and patient wellness options, as well as population health and reporting metrics that enable state officials to track the incidence of this particular condition down to the community level and aid the state with the data to ultimately impact specific communities with prolific disease states.

States also play an important role in monitoring pandemic outbreaks – ranging from the bird flu to the recent H1N1 virus. ACS's solution can include a module that facilitates pandemic disease monitoring and reporting, as well as data exchange with the National Health Information Network and the Centers for Disease Control and Prevention's Public Health Information Network. If a disease is breaking out on the East Coast and heading west, states can prepare and respond with stepped-up hospital ER and primary care monitoring, immunizations, consumer education or other appropriate action.

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Just as important, states don't have to wait. ACS has the capacity to move quickly, maximizing a state's current Medicaid program and technology investments – integrating disparate systems among the state's stakeholders, including state health agencies, to rapidly centralize data. In many instances, ACS can transform a paper-based Medicaid program into a patient-centric, collaborative Health Information Exchange within 12 to 18 months. Initially, the solution could include connecting the Medicaid management information system with laboratory, pharmacy, hospital and physician EMRs. Ultimately, it could include the state's vital statistics, immunization registry, HIV/AIDS database, mental/behavioral health, school system and justice system, among others.

ACS can also help states with public-private partnership programs in which state systems are linked to hospitals and physicians, emergency medical response teams, labs, imaging providers and pharmacies.

These solutions are proven – and already making major impacts on patient care and state budgets throughout the United States.

Building a Healthy Foundation for Alabama

Take, for example, the State of Alabama. This State had a high incidence of death from heart disease, stroke and diabetes – all diseases that can be prevented with improved healthcare delivery, patient education and community intervention. In response, the State partnered with ACS to deliver a Together for Quality initiative that moved Alabama Medicaid from a traditional, process-oriented and paper-driven system into a patient-centered, cost-effective, coordinated system.

Initially funded through a \$7.6 million federal grant, Together for Quality is a three-part effort that includes QTool, a comprehensive EHR with e-prescribing; Q4U, a care management program for patients with chronic illnesses; and Qx, which enables Alabama Medicaid to exchange data with other state health and human services agencies. The true beauty of this system is that the QTool can be accessed by physicians anywhere, anytime, through a personal computer, literally putting at their fingertips the data they need to improve patient care. It supports outcomes reporting and houses clinical documentation and e-prescribing, and it's available at no cost to the provider.

This initiative has been piloted in nine Alabama counties, with positive results. When e-prescribing was added in June 2009, usage among pilot prescribers increased significantly. Although it's still too early to calculate results or ROI, Alabama has made encouraging strides in improving patient care.

Saving Money in Missouri

Missouri, like many states, suffered from a fragmented healthcare system where crucial patient information wasn't readily available at the point of care. Most was stored in a folder, in a file drawer of an individual provider. This lack of information led to incomplete treatment protocols, repetition of diagnostic testing among providers and the execution of what often were contradictory treatment plans.

ACS developed a suite of EHR applications with e-prescribing, supported by a comprehensive clinical rules engine that delivered actionable information to Missouri providers. This solution dramatically improved information access and sent care gaps directly where they were needed most – to the point of care.

At a recent Advisory Board meeting, Missouri attributed \$280 million in off-trend savings to ACS programs and services in the MO HealthNet Pharmacy program since July 2005, which both improved clinical functions and relieved administrative burdens. More than 3,000 provider sites have been trained on the system, with 67 percent of these using the system on a regular basis. In the first quarter of 2009, the State added online precertification of imaging procedures and saved an additional \$4.4 million during the first quarter of the implementation year – all while bringing better care to its constituents.

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Taking Action Now

The fact is, few issues are truly as “life and death” as the need for improved healthcare. The time for states to start pumping life into a digital health information technology solution is now. Find out your options – and start gaining the acceptance of your stakeholders. When your physicians see how much administrative time they’ll save – and how much viable data will be available at their fingertips – they’ll come on board. The key is to start socializing the program now.

Wyoming is a shining example of a state that took a proactive approach to healthcare. In the spring of 2008, its Department of Health launched an aggressive, voluntary HIPAA Protected Health Information compliance assessment project to fast-track the evaluation of compliance with department policy and federal privacy rules.

The importance of this self-assessment was magnified when the American Recovery and Reinvestment Act (ARRA) of 2009 was enacted. The ARRA mandates new provisions and heightened enforcement of existing HIPAA rules, including criminal and civil penalties for privacy and civil penalties. While many state Medicaid agencies will require additional efforts to meet these requirements, the Wyoming Department of Health has already taken the first step to meet – and exceed – these requirements. As a result, it is ready to make the next move, which will include an Electronic Health Record, pay for participation and a medical home for all Medicaid patients. Telehealth options, providing remote access to clinical services and healthcare services not readily available in rural communities, will also be crucial components of the program. By being proactive, Wyoming has ensured that its constituents will gain the advantages of a cohesive, responsive patient care effort.

We Can Deliver the Total Solution

The Health Information Technology for Economic and Clinical Health Act (HITECH Act), enacted as part of the American Recovery and Reinvestment Act of 2009, allocated nearly \$20 billion in healthcare information technology funding. ACS can help states by providing consultative services that support ARRA and HITECH Act initiatives at the state level, driving the development, implementation and management of sustainable and fully interoperable HIT solutions by ensuring compliance with HITECH security requirements; facilitating consensus among stakeholders; conducting education and outreach; managing ongoing operations; and coordinating statewide and regional health information exchange efforts.

No other company has the breadth and depth of experience to provide the full range of healthcare solutions that ACS can. ACS has a proven track record of success with HIE and EHR programs, highly qualified implementation and project teams, a solution scalable to statewide and beyond, and demonstrated reporting capabilities, including the ability to provide “meaningful use” data and analytics. No other company is ready to take every state in the nation into a new era of physical and fiscal health.

To improve an ailing healthcare system, the time to take action is now. ACS is ready to help states create a healthcare system that improves health outcomes, reduces costs and ensures a healthy future – for patients, providers and payers alike.

You can learn more about us at www.acs-inc.com.

