



Health Information Exchange Strategic and Operational Plan Profile

Overview

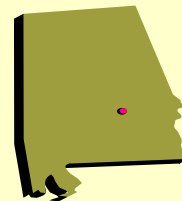
The Alabama Medicaid Agency has exchanged some basic health information through a Medicaid Transformation Grant (MTG) initiative known as *Together for Quality* starting in 2007. As a result, Alabama has a web-based electronic health record system that compiles claims-based information from both Alabama Medicaid and Blue Cross and Blue Shield of Alabama as well as certain physician-entered clinical information. This information is available through an end use application known as QTool or through uni-directional CCD exchange. Alabama's current health information technology (HIT) system is a hybrid model, with Medicaid data centralized and other data sources pulled in at the time of query. Medicaid data will support the build out of the long-term vision for the Alabama Health Information Exchange in Phase 2 and beyond, in order to provide value to providers.

The lessons learned from this initiative have positioned the state to move forward to develop the statewide policy, governance, technical infrastructure and business practices needed to support both the delivery of HIE services and providers' ability to meet meaningful use criteria.

Model and Services

The Alabama HIE (AHIE) is envisioned as the gateway, through the provision of a "core services" infrastructure (included in the initial release will be an authoritative provider directory, secure messaging and authentication services), for individual or group entities within the state to connect to each other, Medicaid agencies, federal agencies, and the National Health Information Network (NHIN). To achieve that goal, Alabama will use a staged implementation that allows for each phase to be fully implemented, measured and evaluated. The purpose of a staged implementation will be to allow for a period of time to adequately evaluate the implementation and how it impacts provider engagement and adoption. The state has prioritized the technical architecture so that the provider directory technology and secure messaging capability will be the initial core service components and will be given first priority in the implementation of the AHIE.

Phase I – The initial phase will enable secure messaging, supported by health information service provider (HISP) services through the AHIE, as well as an authoritative provider directory open to all providers. There will be two options for providers to participate in Direct messaging initially: 1.) For providers with EHRs, provider-to-provider secure messaging will be enabled using Direct protocols, supported by state level core services; and 2.) For providers who do not have EHRs, Direct messaging will be supported through a web service "on ramp". For providers implementing EHRs, the state will coordinate with the REC to encourage provider procurement of "Direct enabled" EHRs will support the integration of patient data into the EHR and patient record. The web service, which will be based on NHIN standards and protocols, will enable providers without EHRs to have an account interfaced with a robust provider directory that enables secure, authenticated messaging. In Phase 1 the state will also undertake significant action using



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\$10,564,789

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Website:

OneHealthRecord.alabama.gov

Other Related ONC funding in Alabama:

Alabama Regional Extension Center
\$7,519,969



regulatory and policy levers, in addition to REC coordination, to enable the electronic delivery of structured lab results.

Phase II – The state seeks to construct more robust exchange using enterprise service bus technologies and service oriented architecture (SOA) principles and components. The network design will align with NHIN standards and will be composed of gateways to support developing exchange entities (hospitals, IDNs, regional exchange entities), that can communicate with and build off the implementation of the AHIE core services (provider directory, secure messaging and authentication services). The AHIE will serve as the nexus of these gateways, capable of routing messages among all providers, and orchestrating messages according to business rules needed to deliver meaningful use functions.



Highlights

- **Together for Quality:** Since January 2007, the Alabama Medicaid Agency has exchanged some basic health information through a Medicaid Transformation Grant (MTG) initiative known as *Together for Quality*. As a result, Alabama has a web-based electronic health record system that compiles claims-based information from both Alabama Medicaid and Blue Cross and Blue Shield of Alabama as well as certain physician entered clinical information.
- **SERCH Collaborative:** Alabama also plans to work with neighboring states to leverage knowledge, activities and contract language. This important coordination has been made possible through regional collaborative efforts supported by the Southeast Regional Coalition for Health IT (SERCH).
- **Lab Data Exchange:** The significant state level regulatory and policy actions to enable structured lab data exchange are also of significant note. The Health IT Coordinator, a Director within the Medicaid Agency, will implement significant new Medicaid mechanisms (as noted above in Phase 1) to incentive the electronic delivery of structured lab data.



Meaningful Use

Landscape

E-Prescribing

Alabama used SureScripts data to determine the baseline of physician's utilizing e-Prescribing in Alabama. The percentages of Alabama providers routing prescriptions electronically at year-end were: 5% in 2007, 9% in 2008, and 18% in 2009. The percentages of prescriptions routed electronically in Alabama were 1% in 2007, 2% in 2008 and 7% in 2009. The total number of prescriptions routed electronically was 254,901 in 2007, 706,702 in 2008 and 2,217,719 in 2009.

As of October 2010, this list identified 1,304 community pharmacies consisting of approximately 50% retail chain and 50% independent community pharmacies. (High proportion of independent pharmacies in Alabama).

Pharmacies eligible for Medicaid reimbursements were then compared to the Surescripts data to determine how many were activated for e-prescribing. It was determined that approximately 84% (1,099/1,304) of pharmacies across Alabama with activated capabilities for accepting electronic prescribing and refill requests. SureScript's State Progress Report on Electronic Prescribing, indicated that Alabama had an overall blended rate of 86% for all (not just Medicaid) community pharmacies in 2009. Alabama is a diverse state consisting of densely populated urban areas, such as Birmingham, Alabama, and large rural farming communities. Just under 32% of all Medicaid-enrolled pharmacies are located in the rural counties with 68% of the pharmacies located in the urban counties. When comparing e-Prescribing adoption for Medicaid-enrolled pharmacies in rural and urban counties, almost 14% of pharmacies in rural counties have not activated e-Prescribing, while 13% of pharmacies in urban counties have not activated e-Prescribing.

Strategy

Alabama intends to leverage the role of Medicaid and the REC in e-prescribing. It is the intent of the state to consider opportunities to engage Medicaid providers to enhance the likelihood that the infrastructure will exist and connect to all Medicaid providers to comply with "meaningful use" requirements.

Pharmacies: Alabama conducted a telephone survey of the Medicaid-enrolled, non-activated pharmacies to determine reasons why a pharmacy may not chose to activate e-Prescribing. The top answers were:

1. The pharmacy likes the current system and does not see a benefit to changing.
2. The amount charged for transmission on SureScripts is "too high."
3. The pharmacy does not have the funds to upgrade their current system.
4. Low volume pharmacies did not see a financial incentive to spend additional money on an electronic system.

Outreach to all community providers – including pharmacies – is part of Alabama's communication plan as referenced in Alabama's State HIE S/O Plan. This will be collaborated through the Alabama REC who is responsible for outreach to physicians; the HIT staff will focus on strategies to improve activation of e-Prescribing by the 201 pharmacies currently identified as not participating.

Physicians: According to SureScripts, only 18% of physicians are e-Prescribing with only 7% of prescriptions eligible. Using the cross indexed list of pharmacies, AHIE will target areas of the states that have pharmacies capable of e-Prescribing and will work directly with those physicians to educate about the benefits of e-prescribing. The advent of the Meaningful Use Incentive Payment Program will help support physicians in having the necessary technical system to generate an e-prescription. Target criteria also will include those physicians with a high volume of Medicaid patients that typically generate prescriptions such as pediatricians but are not currently engaged in e-prescribing.

AHIE will track eligible provider use of e-Prescribing, the volume of e-Prescribing transactions, and pharmacy connectivity to e-Prescribing networks. As part of its state HIE evaluation plan, AHIE will annually report progress against these measures.



Structured Lab Results

Alabama began the landscape assessment by identifying each laboratory operating in the state, using data collected from the Clinical Laboratory Information Act (CLIA) website and state data. Although there are over 3,700 labs in the state, Alabama Medicaid claims data indicates there are 176 laboratories actively billing for Medicaid services.

A more detailed survey of labs has been developed but hasn't been issued since it requires approval of the new Alabama Governor. At this time the survey is targeted for release in Spring 2011.

Data Analysis

Further data analysis is needed to cross reference the list of CLIA approved labs and billing labs to determine why such a discrepancy in numbers. Issues to be considered include billing versus performing, volume in both numbers and dollars and current reporting capability.

The state is considering the following options related to structured lab results :

- Coordination with and leveraging REC resources (such as preferred vendor selection) to enable lab data exchange using Direct standards.
- Development of a regulation requiring laboratories to provide laboratory results in compliance with national standards
- Include standards-based interface language requirements in Lab Services contracts with the Medicaid Agency
- Assure State RFPs and contract renewals include requirements to comply with national standards
- Assess Alabama's laws and regulations to ensure alignment with current CLIA regulatory guidance.
- Leverage sister states in terms of contracting processes and/or provisions.

Patient Care Summary

Providers with EHRs:

- General Practitioners: 619 (32%)
- Pediatricians: 172 (45%)
- Dentists: 140 (36%)
- Nurse Practitioners 70 (38%)

Statewide HIE Services: The initial implementation of secure messaging will be the first step to information exchange. Support for patient summary records (clinical exchange) is being solicited for the AHIE through a set of clinical core requirements.

Statute, Regulations and Policy: Alabama will continue to review statutory, regulatory and policy options to advance summary care records. The State is working with Alabama State University to develop operational policies and procedures for the AHIE. The Legal and Policy Workgroup continues to work through and develop policies related to security and privacy.

Data Analysis: Analysis of data regarding the clinical summary exchange capabilities will be incorporated into the AHIE implementation and education/communication plan. Analysis will include location, provider type, system market penetration, and identified needs. It is anticipated that this information will also be shared with the Regional Extension Center to coordinate education efforts.



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications	X	Care Coordination	X
Nationwide Health Information Network CONNECT	X	Quality Reporting	X
Nationwide Health Information Network DIRECT	X	Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	X	Lab Strategy	
Public Health		Translation services	<u>X</u>
Electronic lab reporting of notifiable conditions		EHR interface	X
Syndromic surveillance	X	Policy strategy	X
Immunization data to an immunization registry	X	Order Compendium	
Patient Engagement		Bi-Directional	X
Patient Access/PHR	X	Alignment with CLIA	
Blue Button		E-Prescribing	
Patient Outreach	X	Medication History	X
Privacy and Security		Incentive or grants to independents	
Privacy and Security Framework based on FIPS		Plan for controlled substance	
Individual choice (Opt In/Opt Out/hybrid)	TBD	Set goal for 100% participation	
Authentication Services	X	Controlled substance strategy	<u>X</u>
Audit Log	X	Care Summaries	
Administrative Simplification		Translation services	<u>X</u>
Electronic eligibility verification	X	CCD/CCR Repository	X
Electronic claims transactions	X	Directories	
Vendor		Provider Directory	X
Planning		Master Patient Index	X
Core Services		Record Locator Services	X
		Health Plan Directory	
		Directory of licensed clinical laboratories	

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: www.statehieresources.org

