State of Wisconsin Medicaid Health Information Technology (HIT) Plan

Section 5 – Communications and Outreach Plan
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1 Overview

This section of the State Medicaid HIT Plan (SMHP) provides the Communications and Outreach Plan for the
eHealth and Quality Program and the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program,
operated as part of the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability
Program. The purpose of this plan is to identify communications and outreach strategies to achieve goals and
provide a high-level roadmap for the key communications and outreach activities detailed in an operational
work plan. The Communications and Outreach Plan uses a goal-driven and iterative approach to capitalize on
proven communication activities to support the unique needs of the targeted audiences.

1.1 Communications and Outreach Goals

The purpose of the Communications and Outreach Plan is to support the achievement of the following eHealth
and Quality Program goals:

• Increase adoption and accelerate the meaningful use of certified EHR technology (CEHRT).
• Increase EHR Incentive Program retention and completion among Eligible Professionals.
• Increase transparency of the Wisconsin Medicaid EHR Incentive Program’s eligibility and program
requirements, and make relevant support tools available to foster understanding.
• Expand the awareness of the broader use and impact of health information technology (IT) for both
providers and consumers of health care.

The plan uses the following guiding principles to support the achievement of communication and outreach
goals:

• Communicate in a timely fashion using appropriate methods.
• Be visible and accessible.
• Leverage existing partnerships and opportunities.
• Identify and remove barriers to adoption and use of CEHRT.
• Be open and accessible to health IT that supports care and practice settings beyond EHR technology and
those included in the EHR Incentive programs.
• Measure success.

1.2 Overview of Communications and Outreach Strategies

This plan outlines the approach, processes, and tools for creating, implementing, and maintaining effective
communications and information flows between the Wisconsin Department of Health Services (DHS) Division
of Medicaid Services (DMS) and its stakeholders, so the right message gets to the right people at the right
time.

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1In the Fiscal Year 2019 Medicare Hospital Inpatient Prospective Payment System and Long Term Acute Care Hospital Prospective
Payment System Proposed Rule, CMS announced it would rename the Medicare and Medicaid EHR Incentive Programs as the
Promoting Interoperability Program. To maintain consistency in communication and avoid provider confusion, the State of
Wisconsin will take a phased approach to rebranding our program as a part of the Promoting Interoperability Program that will align
with CMS direction to states. For a description of the state’s strategy for communicating the shift to Promoting Interoperability, see
Section 2 Program Year 2018 Communications and Outreach Strategies.
The term "health IT" is a broad concept that encompasses an array of technologies to store, share, and analyze health information. More and more, health care providers are using health IT to improve patient care. But health IT is not just for health care providers. Consumers of health care can use health IT to better communicate with their doctors, learn and share information about their health, and take actions that will improve the quality of their life. Health IT empowers individuals to be a key part of the team that keeps them healthy.

Key messages for 2018 will continue to focus on the most common technologies in the health IT ecosystem—beyond EHRs—used for health IT-enabled delivery of care to facilitate improvement and long-term sustainability in health IT maturity. In addition, state messaging will emphasize the opportunity to improve quality and address health disparities through the use of health IT. In alignment with the CMS goal to emphasize information exchange with patients, the state will promote strategies for engaging patients in the use of health IT functionality, such as patient portals.

The Wisconsin Department of Health Services wholeheartedly supports the increased CMS emphasis on achieving true interoperability in sharing health data between providers, exemplified by the renaming of the EHR Incentive Programs to “Promoting Interoperability.” Specific elements of the Communications and Outreach Plan have been updated to reflect the impacts of several CMS policies on the Medicaid EHR Incentive Program/Promoting Interoperability Program, including:

- the transition of many Medicaid providers to the CMS Quality Payment Program
- the barring of new provider participation in the Medicaid EHR Incentive Program
- the increased emphasis on measures requiring the exchange of health information between providers and patients
- the increased emphasis on interoperability to facilitate the sharing of health care data

Ultimately, emerging health IT solutions and interoperability are enabling the most important goals—lower costs, healthier populations, engaged people, and higher quality care. To address the needs of Wisconsin providers and consumers of health care, this plan continues the DMS communication and outreach approach, updated in Program Year 2017, which moves beyond just messaging about the EHR Incentive Program. In Program Year 2018, we continue to promote broader adoption of health IT in alignment with state and federal goals for quality improvement and payment and delivery system reform.

The Communication and Outreach Plan includes the following broad strategies:

- Promoting the positive impact of health IT on preventive care and the overall health of vulnerable populations (such as children, the elderly, and rural populations) through increased patient safety, member empowerment, care coordination, and organizational efficiency.
- Providing information, educational tools, and technical assistance to Medicaid providers that lack resources or are experiencing challenges.
- Collaborating with local professional organizations, such as MetaStar, the Wisconsin Primary Health Care Association, and the Rural Wisconsin Health Cooperative, to promote understanding of how EHR data is utilized in value-based payment efforts and promote patient engagement with health IT among providers practicing at federally qualified health centers, rural health clinics, and critical access hospitals.
- Partnering with tribal health clinic directors to provide sustained support in maximizing funding for health care services provided to tribal members and improve health outcomes.
- Promoting engagement of Medicaid patients in the use of health IT and personal health data.
## 2 Program Year 2018 Communications and Outreach Strategies

The following table lists the strategies DMS has identified to support achievement of existing goals; guided by the continued use of clear and consistent messaging. Building on a strategic shift initiated in Program Year 2017, communications will continue to focus on the public awareness of adoption and use of health IT across the health care continuum. Additionally, strategies maintain a spirit of collaboration and maximize the best practices learned from internal and national health IT resources.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies in Support of Goal</th>
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</table>
| **Accelerate the adoption and meaningful use of CEHRT** | • Identify and conduct direct outreach to the target population (e.g., Eligible Professionals who have not achieved meaningful use) using data from Wisconsin’s state level repository, CMS’s national level repository, and Wisconsin’s Medicaid Management Information System.  
  • Develop key messages focusing on how the use of CEHRT supports quality, efficiency, and value leading to improved individual and population health.  
  • Partner with MetaStar (a former Regional Extension Center [REC]) to provide technical assistance through the Wisconsin Health IT Extension Program. |
| **Increase EHR Incentive Program retention and completion** | • Implement a targeted marketing campaign to increase EHR Incentive Program retention and completion.  
  • Collect data to identify best practices and potential barriers to achieving meaningful use. |
| **Increase transparency and understanding of the EHR Incentive Programs eligibility and program requirements** | • Collaborate with local professional organizations and use the Monthly Health IT Program Coordination Meetings to provide guidance and organize health IT stakeholder communications and outreach activities with partner organizations.  
  • Develop webinars and educational tip sheets to provide clarity on the EHR Incentive Programs’ requirements and application process. |
| **Provide clear directions specific to providers to meet critical EHR Incentive Program dates and increase attestation accuracy** | • Develop and disseminate targeted and informative messages concerning any program changes finalized by CMS, Wisconsin application submission timelines, and updated program or attestation system guidance (such as, new program policies or updated user guides).  
  • Reuse existing CMS and the Office of the National Coordinator for Health Information Technology (ONC) content when possible, and develop new materials when existing information is not Medicaid EHR Incentive Program specific (such as, supporting documentation and public health reporting). |
| **Provide tools and information to foster health IT education for providers and consumers of health care** | • Develop updated website content and multimedia deliverables for providers and consumers of health care.  
  • Disseminate content and educational tools that contribute to the health IT maturity of an organization and the health IT literacy of patients and families.  
  • Leverage existing content by sharing CMS and ONC provider tools.  
  • Establish a managed care health IT working group to share best practices and promote consistency in messaging to providers and consumers. |
2.1 Program Year 2018 Key Messages

The following key messages will be distributed using the mediums identified in Figure 5.03 and will inform the marketing materials drafted for Program Year 2018. The strategic messaging of the EHR Incentive Program is reviewed and updated through an iterative review process, which allows us to integrate key concepts regarding how the meaningful use of CEHRT supports DMS priority initiatives.

<table>
<thead>
<tr>
<th>Category</th>
<th>Strategic Messages</th>
</tr>
</thead>
</table>
| Availability of EHR Incentive Payments        | - Federal funds are available to providers who continue participation in the Medicaid EHR Incentive Program. Wisconsin is accepting Modified Stage 2 and Stage 3 applications from Eligible Professionals.²  
- To maximize the incentive payments available, providers must upgrade to the 2015 edition of certified health IT by the end of 2018 and complete the program by the end of Program Year 2021. Program Year 2018 messaging will leverage the deadline for use of 2015 Edition technology. |
| Avoiding Payment Adjustments                  | The Medicare Quality Payment program incentivizes use of CEHRT through a variety of channels, including:  
- The inclusion of the Promoting Interoperability performance category in the Merit-based Incentive Payment System  
- The CEHRT requirement for Advanced Alternative Payment Models |
| Public Health and the EHR Incentive Program   | Providers must register with Public Health Registration for Electronic Data Submission System to indicate their intent to electronically submit data from their CEHRT to the available public health programs. |
| Technical Assistance                          | Technical assistance is available to qualified Wisconsin providers to help meet program requirements through the Wisconsin Health IT Extension Program administered by DMS. |
| Advanced Clinical Use of EHRs                 | - Support the Stage 3 Meaningful Use objectives that require patient engagement and health information exchange.  
- The business case for CEHRT is strong as the majority of providers report that EHRs provide useful analytics that support value-based care.  
- Meaningful use of CEHRT is a requirement for participation in Advanced Alternative Payment Models, and exchanging information through use of CEHRT is a primary component of the Promoting Interoperability performance category under the Merit-based Incentive Payment System.  
- Meaningful use of CEHRT can facilitate patient engagement through improved exchange of health information between providers and patients.  
- Meaningful use of CEHRT can improve health care outcomes by enabling preventive care reminders and assessments.  
- Meaningful use of CEHRT facilitates health information exchange, which allows providers to more easily coordinate care and improve the health of Wisconsin residents.  
- Meaningful use of CEHRT supports information capture, use, and exchange, which can streamline care coordination and ultimately reduce long-term health care costs associated with duplicative testing. |

² No additional participation for incentive payments is expected from Wisconsin Eligible Hospitals.
<table>
<thead>
<tr>
<th>Category</th>
<th>Strategic Messages</th>
</tr>
</thead>
</table>
| Use Health IT in Pursuit of Triple Aim | • Individuals can use health IT to become empowered consumers of their health information. Many technologies can enable innovative health care delivery and data sharing:  
  o EHRs are used to store patient health information.  
  o EHRs have the ability to ePrescribe, which means providers can send prescriptions electronically to your preferred pharmacy.  
  o Documenting electronically in the EHR, according to standards, allows for health information exchange between organizations with different EHR technology. EHRs can share complete or subsets of information, depending on the sharing partner.  
  o Patient portals provide patients with access to their EHR data.  
  o Personal health records can include health information beyond what is found in the EHR, including data from across health care providers (not just one provider) or patient-generated data, to create a holistic view of care.  
  o Clinical data registries collect outcome data from EHRs to allow for population health analysis.  
  • DMS has invested in immunization registry integration, Medicaid prescription data integration, and Medicaid HMO emergency department notification projects with the Wisconsin Statewide Health Information Network to support patient-centered care and improved health outcomes.  
  • Training tools and webinars focusing on the best practices used to achieve advanced clinical process are available through the ONC. |
## 3 Program Year 2018 Communications and Outreach Channels

The eHealth and Quality Team uses the following mediums to carry out the objectives of the Communications and Outreach Plan:

<table>
<thead>
<tr>
<th>Category</th>
<th>Medium</th>
<th>Target Audience</th>
<th></th>
</tr>
</thead>
</table>
| Accelerate the adoption and meaningful use of CEHRT by developing key messages that focus on its benefits. | • Emails  
• Phone calls  
• Website  
• Webinars  
• Social media  
• Partner organizations, such as MetaStar | • Eligible Hospitals  
• Eligible Professionals, including  
  o Dentists  
  o Pediatricians  
  o Psychiatrists  
  o Federally qualified health centers  
  o Rural health clinics  
  o Tribal health centers  
• Wisconsin Medicaid-enrolled providers not eligible to participate in the EHR Incentive Program  
• Consumers of health care |        |
| Collect and analyze data to extrapolate best practices and potential barriers to the adoption and meaningful use of CEHRT. | Surveys                      | • Eligible Professionals  
• Wisconsin Medicaid-enrolled providers not eligible to participate in the EHR Incentive Program  
• HMOs  
• Pharmacies |        |
| Increase EHR Incentive Program retention and completion by offering technical assistance. | • Emails  
• Provider services help desk  
• Phone calls  
• Website  
• Partner organizations, such as MetaStar | Eligible Professionals |        |
| Increase transparency and understanding of EHR Incentive Program requirements through collaboration with local professional organizations’ health IT partner organizations. | • Professional organization newsletters  
• Events, presentations, and speaking engagements  
• Webinars | Eligible Professionals |        |

3 Each actionable Communication Objective in the table combines a goal and related strategy from Figure 5.01.
Category | Medium | Target Audience
--- | --- | ---
Develop and maintain a deep understanding of EHR Incentive Program policies to keep providers up to date with critical program information by disseminating accurate and informative messages. | - Emails
- Website
- ForwardHealth Updates
- ForwardHealth Portal Messaging System
- Social media
- Partner organizations, such as MetaStar
- Working groups | - Eligible Hospitals
- Eligible Professionals
- All provider types
- Federally qualified health centers
- Rural health clinics
- Tribal health centers
- HMOs

Foster public education about health IT by sharing or creating support tools. | - Website
- Informational brochures
- Webinars
- Tip sheets | - Wisconsin Medicaid-enrolled providers not eligible to participate in the EHR Incentive Program
- Consumers of health care

### 3.1 Communication Medium Details

DMS uses multiple channels to educate our public and facilitate retention in the Medicaid EHR Incentive Program. For example, a three-part video series was produced to provide introductory-level content to program participants on the importance of CEHRT to get them engaged in the EHR Incentive Program. The videos have been viewed over 800 times. This section explains how the websites, help desk, centralized email, and targeted outreach are used to support communications and outreach strategies and objectives.

- **Websites:** Eligible Professionals and Eligible Hospitals can access timely information about the administration of the Medicaid EHR Incentive Program, important program milestones and dates, and Wisconsin policy updates through the website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm).
  - This website serves as the primary resource for up-to-date information about the EHR Incentive Program.
  - The website also houses provider resources, including in-depth user guides containing information on program enrollment, eligibility requirements, and EHR Incentive Program objectives and requirements. Providers are also provided the opportunity to view webinars introducing them to program requirements, which are stored on the website for on-demand viewing.
  - The eHealth and Quality website includes multimedia products that provide additional information directed to providers not participating in the EHR Incentive Programs, as well as consumers of health care so they can gather more general information about the use of health IT, at [www.dhs.wisconsin.gov/ehealth/index.htm](http://www.dhs.wisconsin.gov/ehealth/index.htm). Content includes:
    - Information about additional forms of health IT beyond EHRs, including patient portals, public health and clinical data registries, telehealth, and electronic prescribing.
    - Strategies for patients to utilize health IT.
    - Video content including an introduction to the use of health IT, as well as, patient testimonials.

- **Help desk:** Provider assistance is offered through one-on-one support from the Provider Services help desk and the eHealth and Quality Team. The Wisconsin Medicaid EHR Incentive Program leverages the fiscal agent’s established call center and help desk, Provider Services, which assists providers with questions on enrollment, claims, and eligibility determinations.
o Provider Services tracks contacts through the Contact Tracking Management System and routes providers to the appropriate resources to resolve any issues or concerns they might have with the Medicaid EHR Incentive Program.

o The Provider Services EHR specialist is a dedicated resource who offers providers detailed information on the Medicaid EHR Incentive Program. The EHR specialist is trained to answer questions on eligibility requirements, procedures to register for the Medicaid EHR Incentive Program, procedures to apply for an incentive payment, and procedures to submit an appeal to a determination made by the Wisconsin Medicaid EHR Incentive Program.

o For technology issues, the EHR specialist immediately communicates with the fiscal agent’s architecture and infrastructure teams for resolution. All issues are logged and tracked until resolved.

- **Centralized email:** For issues related to policy, DMS established a centralized email address where providers and the EHR specialist can submit questions and escalate issues. Several members of the eHealth and Quality Team have access to this functional email account and review and assign issues for resolution. The EHR specialist escalates issues, which include questions regarding patient volume, place of service, CEHRT, and policy clarifications, to the eHealth and Quality Team as necessary.

- **Targeted outreach:** The eHealth and Quality Team responds to incoming questions about the Medicaid EHR Incentive Program, and takes a proactive approach to addressing provider challenges to participation. Program Year 2017 was the first year Eligible Professionals could not begin participation in the Medicaid EHR Incentive Program. In response to this policy, DMS deployed targeted strategies to identify and engage two main populations prior to the end of Program Year 2016:
  o Program participants who have only attested to adopt, implement, or upgrade (AIU).
  o Program participants who skipped a year of participation (or more) and did not return.
To support the goal of increasing adoption and accelerating meaningful use of CEHRT, DMS continued the assistance offered by the ONC REC program through a Wisconsin health IT extension grant program. The Wisconsin Health IT Extension Program, supported by MetaStar, expands on the federal REC program by providing targeted outreach, education, and technical assistance to Wisconsin Medicaid-enrolled providers. Technical assistance services are limited for providers who have already benefited from the ONC grant-funded REC program to ensure no duplicative services are provisioned. Overall, program funding is used to provide technical assistance to participants of the EHR Incentive programs who lack guidance and robust health IT capabilities due to geographic or financial disparities. These providers benefit from an enriched dialogue with staff members possessing an advanced knowledge of the EHR Incentive programs.

### 4.1 Scope of Services

Technical assistance services provided through the Wisconsin Health IT Extension Program include outreach and recruitment, general education, implementation of EHR systems, privacy and security, and preparation and planning for attestation. There are also targeted technical assistance and consultation services available for the public health objective to support providers as they onboard to electronically report data to the DHS Division of Public Health. This includes assistance in registering with the Division of Public Health; helping the provider understand data transport requirements and options for sending data to public health; completing testing with various entities to report syndromic surveillance, immunizations, reportable labs, and cancer data; and acting as a convener or facilitator and subject matter expert to help resolve any onboarding issues providers encounter with their EHR vendor or the respective state registry program.

Technical assistance services provided to Eligible Professionals by the Wisconsin Health IT Extension Program are grouped into eight categories as follows:

<table>
<thead>
<tr>
<th>Technical Assistance Category</th>
<th>Examples of Services</th>
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</table>
| General Education and Consultation | • Education about the Medicaid EHR Incentive Program delivered either directly to the practice, via webinar, or monthly newsletter  
• Education about health information exchange options and connection with appropriate resources |

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4In 2009, the Office of the National Coordinator for Health Information Technology (ONC) established Regional Extension Centers (RECs) throughout the United States to assist primary care providers in the adoption and meaningful use of health information technology (health IT). The REC program has furnished assistance—defined as education, outreach, and technical assistance—to help providers select, successfully implement, and meaningfully use CEHRT to improve the quality and value of health care.

5The Wisconsin Health IT Extension Program does not provide funds for interfaces either directly or through the health information exchange, software, or hardware required for providers to submit data to public health.
### Technical Assistance Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples of Services</th>
</tr>
</thead>
</table>
| Preparation and Planning                      | • Creation of project plan and timeline with practice  
• Workflow process mapping and redesign guidance  
• Assessment of individual providers' eligibility for EHR Incentive programs and review of Meaningful Use dashboard reports |
| CEHRT Assistance                              | • Consultation on EHR organizational readiness  
• Facilitation of CEHRT vendor and product selection, implementation, and vendor management  
• Assistance in troubleshooting and communicating with vendors to resolve CEHRT issues or barriers to Meaningful Use attestation |
| Privacy and Security                          | • Education about how and why to conduct a security risk assessment and the process  
• Facilitation of security risk assessment using online tool |
| Attestation Assistance for Meaningful Use     | • Guidance and resources about registration and attestation  
• Assistance in preparing recommended documentation for a Meaningful Use audit |
| Public Health Testing and Onboarding Assistance| • Education about the public health measures and process for onboarding and testing  
• Guidance and resources about Wisconsin’s registration for public health reporting |
| Quality Improvement                           | • Guidance on clinical quality measure selection  
• Process improvement facilitation to improve quality measure performance  
• Assistance with streamlining of quality reporting |
| Care Coordination                              | • Assistance with onboarding process and communications with health information exchange vendor  
• Assistance with interoperability strategies to connect and engage with other healthcare providers and community partners, enabling successful transitions of care and referrals for patients  
• Advice on patient access and engagement strategies targeted at facilitating enrollment to achieve greater patient portal adoption, meeting patient needs for online information and interactions |

**Figure 5.04: Technical Assistance Categories**

### 4.2 Program Participation

In total, MetaStar provided technical assistance to 327 providers across 62 organizations for Program Year 2017. The following table displays participating providers and organizations categorized by practice size.
Figure 5.05: Practice Type Distribution Among Participants

Of the small and mid-size clinics, MetaStar is working with ten tribal health centers and seven local health departments (up from five in 2017), and three Federally Qualified Health Centers, which DMS designated as high priority targets. The following table categorizes participating clinicians by provider type as defined in the EHR Incentive Programs.

![Table](https://example.com/table.png)

**Figure 5.06: Provider Type Distribution Among Participants**

In Program Year 2017, the Wisconsin Health IT Extension Program experienced a decrease in participation from prior years, in terms of both participating organizations and participating providers. Overall, 78 organizations comprised of 1,069 individual providers that participated in Program Year 2016 were no longer participating in Program Year 2017. The majority of organizations (59) and providers (840) were no longer participating due to transition to the Medicare Quality Payment Program, making them ineligible for technical assistance from the Wisconsin Health IT Extension Program. There were an additional 205 providers not participating due to achieving self-sufficiency in the EHR Incentive Program. These providers were at large health systems, aligning with the Agency and MetaStar decision to focus on smaller organizations requiring personalized technical assistance.

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6Large clinics are defined as those with more than 31 providers. Midsize practices have between 11 and 31 providers, with an average of 16. Smaller clinics have between 2 and 10 providers, with an average of between 4 and 5 providers. Independent clinicians are defined as providers who practice individually.
### Figure 5.07: Reason for Exit Among Prior Year Participants.

<table>
<thead>
<tr>
<th>Reason for Exit</th>
<th>Number of Organizations</th>
<th>Number of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-sufficient</td>
<td>4</td>
<td>205</td>
</tr>
<tr>
<td>Transition to QPP</td>
<td>59</td>
<td>840</td>
</tr>
<tr>
<td>Other Non-Participation</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78</strong></td>
<td><strong>1,069</strong></td>
</tr>
</tbody>
</table>

Additionally, 14 new organizations (representing 49 providers) were recruited to participate in 2017.

#### 4.2.1 Recruitment

**4.2.1.1 Development of Recruitment Targets**

In 2017, outreach and recruitment was focused on smaller organizations with Eligible Professionals who had dropped out of the Wisconsin Medicaid EHR Incentive Program after initiating participation prior to performance year 2016.

In mid-June 2017, DMS provided MetaStar with a list of 52 organizations with Eligible Professionals whose last participation in the Wisconsin Medicaid EHR Incentive program was either AIU in Program Years 2014 through 2016, Stage 1 in Program Year 2014, or Modified Stage 2 in Program Year 2015. The intent was to focus on smaller organizations with providers who had not participated in the Program since 2014. Although no specific recruitment goal was set, the overall goal of 2017 recruitment was to re-engage practices with lapsed participation in the Program. MetaStar also hoped to learn why these practices had dropped out of the program.

**4.2.1.2 Recruiting Targets for Technical Assistance**

Upon review of the DMS-identified organizations, 24 organizations had previously or were already participating in the Wisconsin Health IT Extension program, which MetaStar reported to DMS with the actual organizational name and account number. Seven organizations were taken off the outreach list when it was identified that the organization was part of a large health system. Providers in large health systems were deemed “self-sufficient” due to the organization’s experience in the Medicaid EHR Incentive Program. After accounting for these organizations, the recruitment target included 21 organizations.

MetaStar developed a one-page 2017 recruitment piece titled “Missing out on Medicaid EHR Meaningful Use Incentives?” which focused on customized technical assistance services MetaStar would provide through the grant-funded Wisconsin Health IT Extension Program, including Meaningful Use education, security risk assessment, audit preparation, and public health objective assistance. The piece also highlighted the fact that Eligible Professionals could earn $8,500 in incentive payments for a maximum of six years of participation through 2021.

This one-page recruitment piece, as well as an introductory email from a Meaningful Use Project Specialist, was sent to all 21 organizations in early September 2017. Recruitment opportunities were tracked as multiple

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7 Organization exit totals reflect net total across all reasons (not the sum); 78 total organizations that participated in 2016 did not participate in 2017.
attempts were made to engage these organizations through a combination of email, phone calls, and in-person visits over the course of the following 90 days.

4.2.1.3 Recruitment Achievements

Of the organizations identified by DMS, 14% signed or are in the process of signing participation agreements with MetaStar. Just over half of the recruitment opportunities were unresponsive to outreach attempts. Ten percent of organizations intended to participate in the EHR incentive program, but declined assistance, with another 10% of organizations declining as they did not intend to participate further. The remaining 10% declined technical assistance due to upcoming provider retirement or receiving program assistance at a different practice location.

In addition to the recruitment of practices identified by DMS, MetaStar also successfully signed on 10 new organizations to the Wisconsin Health IT Extension Program in 2017 through additional recruitment activities including direct technical assistance referrals from DMS, website inquiries, and working with local health departments.

4.3 Program Year 2017 Outcomes

This section uses data through March 2018 to provide an assessment of Wisconsin Health IT Extension Program activities to date. Beginning with Program Year 2017, the Wisconsin Health IT Extension Program goals were changed to focus on quantifying and increasing provider health IT maturity, the extent to which organizations have integrated their EHR technology into their daily workflows, and what their capabilities might be in using health IT for Wisconsin Medicaid initiatives. This reflects a shift in the focus of the Wisconsin Health IT Extension Program to include examining provider capability and readiness for the changes in health care delivery and payment reform.

Program Year 2017 goals reflect providers’ progression of health IT maturity by placing their EHR Incentive Program attestation and measure-level performance in context with the technical assistance received. Program Year 2017 goals included:

- At the provider level, continue to increase health IT maturity as represented by progress through distinct Meaningful Use stages (e.g., AIU to Modified Stage 2, Modified Stage 2 to Stage 3) and increased workflow integration and performance rates within program measures.
- Focus on organizations with providers at lower health IT maturity, including providers that have not yet achieved Meaningful Use Stage 2.
- Phase out services to participating organizations that have become self-sufficient and are able to maintain participation in the EHR Incentive Program without a high level of personalized technical assistance.

4.3.1 Technical Assistance Achievements

Performance metrics were defined across goals associated to the organization’s last attestation stage in the EHR Incentive Program through Program Year 2016 and their target future state for Program Year 2017.

- Goal #1: Progress AIU providers to Meaningful Use Stage 2
- Goal #2: Progress Meaningful Use Stage 1 and pre-2016 Stage 2 providers to Meaningful Use Stage 2
- Goal #3: Improve Meaningful Use Stage 2 Organization Maturity
- Goal #4: Improve Meaningful Use Organization Maturity
Overall, providers receiving technical assistance from MetaStar demonstrated higher movement in the Medicaid EHR Incentive Program along the meaningful use continuum than those that did not receive technical assistance. Three-fourths of the organizations that MetaStar worked with improved their health IT maturity as determined by the level of workflow integration and performance rates for Modified Stage 2 Objectives and Measures. On average, health IT maturity improved 31% from Program Year 2016 to 2017.

Figure 5.08 depicts the improvement in health IT maturity during Program Year 2017. Organizations with lower stages of the program as their baseline made larger increases in health IT maturity; however, organizations across the first three goals achieved similarly high-ending maturity, between 85 and 89%.

The fourth goal represents organizations initially planning to attest in Program Year 2017, but which ultimately postponed for reasons including administrative limitations, EHR vendor issues, and difficulty meeting one or more Meaningful Use measures. Almost 70% of postponed organizations were seeking to attest to Meaningful Use for the first time. While these organizations lagged in health IT maturity, they still increased an average of 30% overall through the Wisconsin Health IT Extension Program’s technical assistance, on par with the overall average for technical assistance recipients.

MetaStar met six of the eight performance goals identified to increase provider movement in the Medicaid EHR Incentive Program along the meaningful use continuum. Providers could demonstrate increases in health IT maturity by attesting to a higher stage of meaningful use or attesting to the same stage and improving their integration of CEHRT into provider workflows and measure performance.

<table>
<thead>
<tr>
<th>Performance Goal</th>
<th>Provider Type</th>
<th>Target</th>
<th>Actual</th>
<th>Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Progress AIU Providers to MU Stage 2 at a greater rate than the average EHR Incentive Program participant</td>
<td>Physician</td>
<td>24.5%</td>
<td>87.5%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>25.9%</td>
<td>100%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Dentist</td>
<td>15.4%</td>
<td>83.9%</td>
<td>✓</td>
</tr>
<tr>
<td>(2) Progress pre-2016 MU Providers to MU Stage 2 at a greater rate than the average EHR Incentive Program participant</td>
<td>Physician</td>
<td>17.7%</td>
<td>100%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>21%</td>
<td>0%</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Dentist</td>
<td>26%</td>
<td>100%</td>
<td>✓</td>
</tr>
<tr>
<td>(3) Improve Meaningful Use Stage 2 organization maturity through meeting or exceeding target Meaningful Use scores</td>
<td>N/A</td>
<td>75%</td>
<td>89%</td>
<td>✓</td>
</tr>
<tr>
<td>(4) Improve Meaningful Use organization maturity through improving baseline Meaningful Use scores</td>
<td>N/A</td>
<td>75%</td>
<td>71.4%</td>
<td>✗</td>
</tr>
</tbody>
</table>

Figure 5.09: Wisconsin Health IT Extension Program Year 2017 Performance Goal Summary.
Additionally, satisfaction survey results continue to indicate high levels of satisfaction with the technical assistance provided by MetaStar. For the statement “I would recommend [these services] to a colleague” the average score across the past year of surveys was 4.89 (on a 1-5 scale, with 5 being “Strongly Agree”).

### 4.4 Program Year 2018 Approach

Looking forward to Program Year 2018, the technical assistance services offered through the Wisconsin Health IT Extension Program will focus on working with providers to facilitate improvement and long-term sustainability in health IT maturity. Wisconsin Health IT Extension Program participants will continue to receive customized technical assistance relative to their progression in the EHR Incentive Program and their ability to successfully demonstrate the advanced measures of Meaningful Use.

To date, Wisconsin Health IT Extension Program participants have varied in their ability to successfully demonstrate and/or meet the more advanced measures of Meaningful Use. This is particularly the case for the care coordination, patient engagement, and health information exchange objectives. In Program Year 2018, technical assistance will continue to be offered based on an organization’s customized plan for services. However, the focus will be on measures providers have not fully implemented. Additionally, technical assistance associated to clinical quality measure reporting and validation will be introduced. As in the prior year, technical assistance will also continue to seek out new Wisconsin Health IT Extension Program participants to help providers return to the EHR Incentive Program after skipping program years.

The proposed goals for 2018 Wisconsin Health IT Extension Program outreach and technical assistance build from the prior year, using a performance framework that enables technical assistance prioritization by quantifying an organization’s health IT maturity. This plan reflects the desire to support continued technical assistance participation year over year when it is warranted and define performance metrics that reflect providers’ progress on their Meaningful Use journey by placing their EHR Incentive Program attestation, measure-level performance, and clinical quality measure reporting in context with the technical assistance they received along the way.

**Proposed 2018 Technical Assistance Goals:**

- At the provider level, continue to increase health IT maturity as represented by progress through distinct Meaningful Use stages (e.g., AIU to Modified Stage 2, Modified Stage 2 to Stage 3).
- Shift the focus on increasing health IT maturity for low performing Modified Stage 2 measures, reducing the technical assistance for measures where providers have already demonstrated a high level of performance.
- Define education and technical assistance services associated to clinical quality measure reporting and validation.

Through the first two quarters of calendar year 2018, the eHealth and Quality team and MetaStar are analyzing Program Year 2017 attestation data and collaborating to develop updated performance metrics. Organization baseline status and progress tracks will be updated by assessing Meaningful Use performance baseline scores for Program Year 2017, target scores for Program Year 2018, and projected likelihood to attest in Program Year 2018.

**Next Steps:** Program Year 2018 metrics and Meaningful Use performance targets will be formalized at the end of the third quarter of calendar year 2018. These activities will be used in conjunction with organization and
provider baseline data to track performance over Program Year 2018 while technical assistance services are
delivered.