State of Wisconsin Medicaid Health Information Technology (HIT) Plan

Section 5 – Communications and Outreach Plan
## CONTENTS

1 Overview ........................................................................................................................................................... 1
  1.1 Communications and Outreach Goals ..................................................................................................... 1
  1.2 Overview of Communications and Outreach Strategies .......................................................................... 1
2 Program Year 2019 Communications and Outreach Strategies ....................................................................... 3
  2.1 Program Year 2019 Key Messages ........................................................................................................... 4
3 Program Year 2019 Communications and Outreach Channels ........................................................................ 6
  3.1 Communication Medium Details ............................................................................................................. 7
4 Wisconsin Health IT Extension Program ........................................................................................................... 9
  4.1 Scope of Services ...................................................................................................................................... 9
  4.2 Program Participation ............................................................................................................................ 10
    4.2.1 Recruitment .................................................................................................................................... 11
  4.3 Program Year 2018 Outcomes ............................................................................................................... 12
  4.4 Program Year 2019 Approach ................................................................................................................ 12
# 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 Promoting Interoperability (PI) Program (formerly known as the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program), operated as part of the Centers for Medicare & Medicaid Services (CMS) PI Program. The purpose of this plan is to identify communications and outreach strategies to achieve the eHealth and Quality Program goals, which are aligned with the broader Medicaid HIT vision, goals, and strategies, and provide a high-level roadmap for the key communications and outreach activities for the Wisconsin Medicaid PI Program 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 Wisconsin Medicaid PI Program retention and completion among Eligible Professionals.
- Increase transparency of the Wisconsin Medicaid PI 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 (health 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 to internal and external stakeholders.
- 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 CEHRT and those included in the Medicaid PI Program.
- 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.

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 2019 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 DHS wholeheartedly supports the increased CMS emphasis on achieving true interoperability in sharing health data between providers, exemplified by the renaming of the Medicare and Medicaid 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 PI Program, including:

- the transition of many Medicaid providers to the CMS Quality Payment Program
- the barring of new provider participation in the Medicaid PI 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. Therefore, this plan continues the DMS communication and outreach approach of promoting broader adoption of health IT, beyond just the Medicaid PI Program, 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 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 patients in the use of health IT and personal health data.
2 PROGRAM YEAR 2019 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 the communications and outreach approach outlined previously, 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>
</tr>
</thead>
</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 Wisconsin Medicaid PI Program retention and completion | • Implement a targeted marketing campaign to increase Wisconsin Medicaid PI Program retention and completion.  
• Collect data to identify best practices and potential barriers to achieving meaningful use. |
| Increase transparency and understanding of the Medicaid PI Program’s eligibility and program requirements | • Collaborate with local professional organizations and use monthly Wisconsin Health IT Extension 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 Medicaid PI Program’s requirements and application process. |
| Provide clear directions specific to providers to meet critical Medicaid PI 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 Wisconsin Medicaid PI 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.  
• Maintain a managed care health IT working group to share best practices and promote consistency in messaging to providers and consumers. |

Figure 5.01: Communication and Outreach Strategies
2.1 Program Year 2019 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 2019. The strategic messaging of the Wisconsin Medicaid PI Program is reviewed and updated through an iterative review process, which allows the eHealth and Quality Team 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 Medicaid PI Program Incentive Payments | • Federal funds are available to providers who continue participation in the Medicaid PI Program. Wisconsin is accepting Stage 3 applications from Eligible Professionals¹  
  • To maximize the incentive payments available, providers must use 2015 Edition CEHRT; this functionality must be in place by the first day of the EHR reporting period, and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. |
| Avoiding Payment Adjustments                          | The Medicare Quality Payment Program incentivizes use of CEHRT through a variety of channels, including:  
  • The inclusion of the PI performance category in the Merit-based Incentive Payment System  
  • The CEHRT requirement for Advanced Alternative Payment Models |
| Public Health and the Wisconsin Medicaid PI 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 PI 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.  
  • Meaningful use of CEHRT supports quality, efficiency, and value leading to improved individual and population health. |

¹ 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:  
  - EHRs are used to store patient health information.  
  - EHRs have the ability to ePrescribe, which means providers can send prescriptions electronically to your preferred pharmacy.  
  - Documenting electronically in the EHR, according to standards, allows for health information exchange between organizations with different EHR technologies. EHRs can share complete or subsets of information, depending on the sharing partner.  
  - Patient portals provide patients with access to their EHR data.  
  - 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.  
  - 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 processes are available through the ONC. |

Figure 5.02: Strategic Messaging
# 3 Program Year 2019 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>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerate the adoption and meaningful use of CEHRT by developing key messages that focus on its benefits.</td>
<td>• Emails</td>
<td>• Eligible Hospitals</td>
</tr>
<tr>
<td></td>
<td>• Phone calls</td>
<td>• Eligible Professionals, including</td>
</tr>
<tr>
<td></td>
<td>• Website</td>
<td>o Dentists</td>
</tr>
<tr>
<td></td>
<td>• Webinars</td>
<td>o Pediatricians</td>
</tr>
<tr>
<td></td>
<td>• Social media</td>
<td>o Psychiatrists</td>
</tr>
<tr>
<td></td>
<td>• Partner organizations, such as MetaStar</td>
<td>o Federally qualified health centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Rural health clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Tribal health centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health care providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consumers of health care</td>
</tr>
<tr>
<td>Collect and analyze data to extrapolate best practices and potential barriers to the adoption and meaningful use of CEHRT.</td>
<td>Surveys</td>
<td>• Eligible Professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wisconsin Medicaid-enrolled providers not eligible to participate in the Medicaid PI Program and their respective organizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HMOs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacies</td>
</tr>
<tr>
<td>Increase Medicaid PI Program retention and completion by offering technical assistance.</td>
<td>• Emails</td>
<td>Eligible Professionals</td>
</tr>
<tr>
<td></td>
<td>• Provider services help desk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Phone calls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Website</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Partner organizations, such as MetaStar</td>
<td></td>
</tr>
<tr>
<td>Increase transparency and understanding of Medicaid PI Program requirements through collaboration with local professional organizations’ health IT partner organizations.</td>
<td>• Professional organization newsletters</td>
<td>Eligible Professionals</td>
</tr>
<tr>
<td></td>
<td>• Events, presentations, and speaking engagements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Webinars</td>
<td></td>
</tr>
</tbody>
</table>

2Each actionable Communication Objective in the table combines a goal and related strategy from Figure 5.01.
## 3.1 Communication Medium Details

DMS uses multiple channels to educate our public and facilitate retention in the Wisconsin Medicaid PI Program. For example, a three-part video series was produced to provide introductory-level content to participants on the importance of CEHRT. The videos have been viewed over 900 times. The following 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 PI 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 Wisconsin Medicaid PI Program.
  - The website also houses provider resources, including in-depth user guides containing information on program enrollment, eligibility requirements, and Medicaid PI 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 PI 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 PI 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.
- 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 PI Program.
- The Provider Services EHR specialist is a dedicated resource who offers providers detailed information on the Medicaid PI Program. The EHR specialist is trained to answer questions on eligibility requirements, procedures to register for the Medicaid PI Program, procedures to apply for an incentive payment, and procedures to submit an appeal to a determination made by the Wisconsin Medicaid PI Program.
- 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 PI Program and takes a proactive approach to addressing provider challenges to participation. The eHealth and Quality Team is currently working on a strategy to identify and engage providers who have completed their fourth or fifth payment year, to encourage these providers to complete their participation in the next two years. This is part of Wisconsin’s broader Operations Plan for Program Years 2020 and 2021, to ensure the timely payment of all incentive applications in the final year of the program.
4 WISCONSIN HEALTH IT EXTENSION PROGRAM

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 Wisconsin Medicaid PI Program participants 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 Wisconsin Medicaid PI Program.

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>
</tr>
</thead>
</table>
| General Education and Consultation | - Education about the Medicaid PI Program delivered either directly to the practice, via webinar, or monthly newsletter  
- Education about health information exchange options and connection with appropriate resources |
| Preparation and Planning | - Creation of project plan and timeline with practice  
- Workflow process mapping and redesign guidance  
- Assessment of individual providers' eligibility for PI programs and review of Meaningful Use dashboard reports |

3In 2009, the ONC established Regional Extension Centers (RECs) throughout the United States to assist primary care providers in the adoption and meaningful use of 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.

4The 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>Technical Assistance Category</th>
<th>Examples of Services</th>
</tr>
</thead>
</table>
| 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 218 providers across 46 organizations for Program Year 2018. The following table displays participating providers and organizations categorized by practice size.

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Number of Providers</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Clinics</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>Midsize Practices</td>
<td>52</td>
<td>4</td>
</tr>
<tr>
<td>Smaller Clinics</td>
<td>112</td>
<td>28</td>
</tr>
<tr>
<td>Independent</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>218</strong></td>
<td><strong>46</strong></td>
</tr>
</tbody>
</table>

#### Figure 5.05: Practice Type Distribution Among Participants

Of the small and mid-size clinics, MetaStar is working with seven tribal health centers and two local health departments (decrease from seven in 2017), and five Federally Qualified Health Centers, which DMS

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5Large 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.
designated as high priority targets. The following table categorizes participating clinicians by provider type as defined in the Medicaid PI Program.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Number of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>85</td>
</tr>
<tr>
<td>Nurse</td>
<td>58</td>
</tr>
<tr>
<td>Dentist</td>
<td>75</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>218</strong></td>
</tr>
</tbody>
</table>

Figure 5.06: Provider Type Distribution Among Participants

In Program Year 2018, the Wisconsin Health IT Extension Program experienced a decrease in participation from prior years, in terms of both participating organizations and participating providers. Overall in Program Year 2018, the Health IT Extension Program noted 122 providers associated with 33 organizations who had participated in the Health IT Extension Program in Program Year 2017 did not participate in Program Year 2018. This decrease is partially a result of organizations deciding to no longer pursue Meaningful Use incentives for a variety of reasons including: a lack of Eligible Professionals for whom to apply, administrative burden, inability to meet program requirements, and/or lack of resources and competing organizational priorities. Some providers and their representatives were unresponsive to outreach and therefore the reason for their non-participation is unknown.

4.2.1 Recruitment

4.2.1.1 Development of Recruitment Targets

In 2018, outreach and recruitment was focused on smaller organizations with Eligible Professionals who had dropped out of the Wisconsin Medicaid PI Program after initiating participation prior to performance year 2016.

In mid-June 2018, DMS provided MetaStar with a list of 47 organizational targets including 20 dental clinics and 13 FQHCs. Seven Organizations were found to be part of large health organizations and were eliminated from the target recruitment list. Providers in large health systems were deemed “self-sufficient” due to the organization’s experience in the Wisconsin Medicaid PI Program.

4.2.1.2 Recruiting Targets for Technical Assistance

MetaStar took a two-prong approach to recruitment: outreach and direct, personalized recruitment. Outreach was provided to all targets through Constant Contact emails. Direct recruitment was conducted to high priority targets.

Since none of the dental clinics had Eligible Professionals who had progressed higher than AIU, it was determined that outreach to those clinics was important. This was to ensure the dental clinics interested in pursuing additional incentive payments would be aware of MetaStar’s services. The direct recruitment of dental clinics was not a priority. A dental promotional piece was sent via Constant Contact in August 2018 to 17 dental clinics with a 43.8 percent open rate.

MetaStar worked in collaboration with WPHCA on the direct recruitment of FQHCs. WPHCA took the lead on recruitment with all FQHCs receiving assistance through them referring them to MetaStar when additional
assistance was appropriate. MetaStar took the lead on direct recruitment of two FQHCs not part of WPHCA’s primary funding, Lake Superior Community Health Center and Progressive Community Health Centers.

MetaStar developed a one-page 2018 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 nine MetaStar recruitment targets. Recruitment opportunities were tracked as multiple 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.

An additional 14 recruitment opportunities were also pursued in 2018 resulting from webinar attendees or registrants, DHS direct referrals and practices who reached out to MetaStar directly either via phone or website.

**4.2.1.3 Recruitment Achievements**

A total of 18 recruitment opportunities were pursued in 2018. Of these recruitment opportunities, five new organizations (27.8 percent) joined the Medicaid HIT Extension program, including three targets from the list provided by DMS. The most common reason for closing a recruitment opportunity was “unresponsive to outreach” (72.2 percent). Other reasons were not being eligible for incentives or declining assistance.

**4.3 Program Year 2018 Outcomes**

Wisconsin is currently analyzing the Program Year 2018 performance data to understand the impact made by the Wisconsin Health IT Extension Program on provider performance with respect to the PI Program measures and their overall health IT maturity.

Historically, Wisconsin has observed that providers receiving technical assistance from MetaStar demonstrated higher movement in the Wisconsin Medicaid PI Program along the meaningful use continuum than those that did not receive technical assistance.

Wisconsin will include the outcomes analysis in a future iteration of the SMHP.

**4.4 Program Year 2019 Approach**

Looking forward to Program Year 2019, 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 ability to successfully demonstrate the advanced measures in Stage 3 including effective patient electronic engagement strategies and the electronic exchange of information as well as their ability to report on outcome and high priority eCQMs.
Wisconsin Health IT Extension Program participants will be reporting on Stage 3 Objectives and Measures for the first time in 2019. Many have recently upgraded to 2015 Edition CEHRT and are just learning the new capabilities within their EHR. Much work must be done to educate clinical staff on new technologies which are included in Stage 3 including patient generated health data, application programming interfaces and expanded care coordination requirements. In Program Year 2019, technical assistance will continue to be offered based on an organization’s customized plan for services. However, the focus will be on Stage 3 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 complete all of their available payment years before the end of the Program in 2021. The proposed goals for 2019 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 the desire to define performance metrics showing health IT maturity not only reflected by Wisconsin Medicaid PI Program attestation, but also by meaningful improvements in health IT maturity priorities such as interoperable exchange of information, guidance on selection of outcome and high priority eCQMs used in meaningful quality improvement, effective patient electronic engagement strategies, and guidance in public health reporting options.

Proposed 2019 Technical Assistance Objectives:

- 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).
- Create a methodology to measure organizational health IT maturity focused on use of health IT to electronically exchange data with distinct EHRs, use data from EHRs to meaningfully improve quality and safety, electronically engage patients and caregivers, and protect patient’s electronic health data.
- Define education and technical assistance services associated to clinical quality measure reporting and validation.

Through the first three quarters of calendar year 2019, the eHealth and Quality Team and MetaStar are analyzing Program Year 2018 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 2018, target scores for Program Year 2019, and projected likelihood to attest in Program Year 2019.