

Excerpt from Nov 17, 2015, Health IT Team meeting

Discussion of Technical Assistance



Healthier People. Health Care Value.

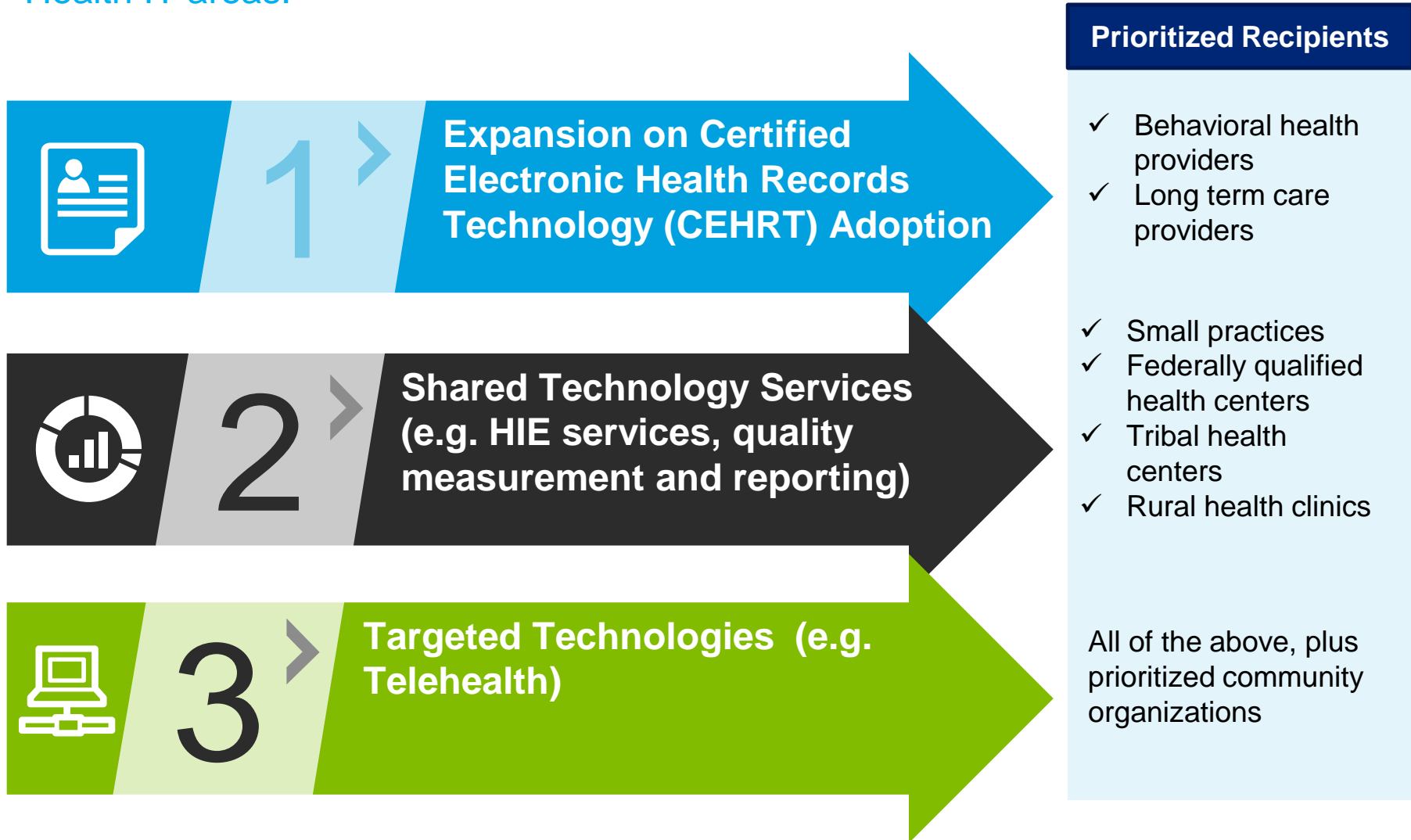
Recap from the 10/29 Technical Assistance Webinar

Here is what we heard from you...

- We want to get a better understanding of the provider estimate of behavioral health and long term care providers from a practice standpoint, not individual providers.
- In addition to expanded TA for certified EHR technology, we want to consider TA for shared technology services and targeted technologies.
- Small practices are more likely to need “handholding” in the process.
- Continual assistance should be considered for Federally Qualified Health Centers (FQHCs), Tribal Health Centers (THCs), and Rural Health Clinics (RHCs).
- Individualized TA such as services provided through the Medicaid Health IT Extension Program should be prioritized.
- Further consideration should be given to specialty providers who provide services aligned to the targeted SHIP disease states: hypertension, depression, and diabetes.

Straw Model for Technical Assistance

The SHIP Health IT workgroup proposes to offer technical assistance in three Health IT areas:





1) Expanded TA for Certified EHR Technology

Identifying Targeted Populations

Current state: Medicaid Health IT Extension Program offers free TA to Medicaid providers

- Supported by MetaStar and funded by the Department of Health Services
- Limited to providers eligible to participate in Medicare or Medicaid EHR Incentive Program as they adopt, implement, upgrade (AIU) and meaningfully use certified EHR technology (CEHRT).

Potential future state: Expand free TA to select providers who are not eligible for the EHR Incentive Programs and who are not receiving TA today with current funding. Two examples for consideration include but are not limited to:

Behavioral Health Care (BH)



Long Term Care (LTC)





1) Expanded TA for Certified EHR Technology

Assumptions

- Providers in these settings are assumed to have less need for technical assistance for CEHRT adoption:
 - Affiliated with an Integrated Delivery Network (IDN), relatively large organization (based on number of associated providers), and/or university
 - Affiliated with Eligible Hospitals that are enrolled in the Medicaid EHR Incentive Program in Program Year 2014
 - Affiliated with Federally Qualified Health Centers and Tribal Health Centers, all of which have already adopted CEHRT, or are on track to
- Scope of the TA:
 - Shaped upon the current Medicaid Health IT Extension Program
 - Focused on individualized TA
 - Tailored to the technology maturity level of the TA recipient



1) Expanded TA for Certified EHR Technology

Prioritized List of Behavioral Health Providers



Specialties of the Prioritized List include:

- Licensed Psychotherapist
- Licensed Psychotherapist with Substance Abuse Certification
- Certified Psychotherapist
- Certified Psychotherapist with Substance Abuse Certification
- Licensed Psychologist (PhD)
- Mental Health Agency
- Substance Abuse Agency

4,304

Wisconsin active Medicaid-enrolled behavioral health providers who are more likely to need CEHRT TA

2,429

Practices who are more likely to need CEHRT TA

252

Practices that have 3 providers or more, which constitutes...

2,035

Providers, rough 50% of the BH providers who are likely to need CEHRT TA

70

Maximum number of providers in the prioritized practices

6

Average number of providers in the prioritized practices



1) Expanded TA for Certified EHR Technology

Prioritized List of Long Term Care Providers



403

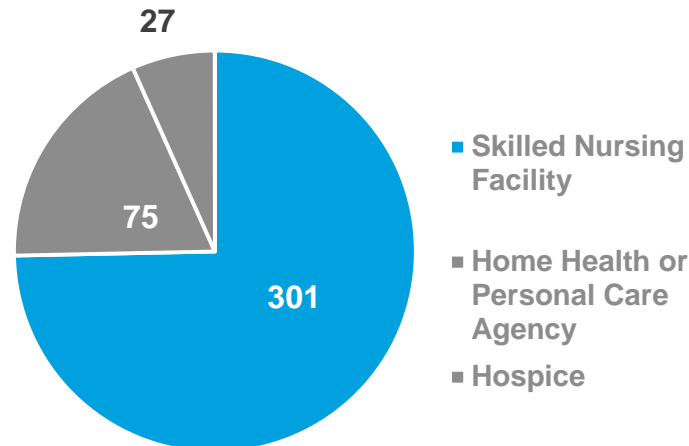
Wisconsin active Medicaid-enrolled LTC provider organizations who are more likely to need CEHRT TA

301

Skilled Nursing Facilities, which constitutes...

75%

Of the LTC provider organizations more likely to need CEHRT TA

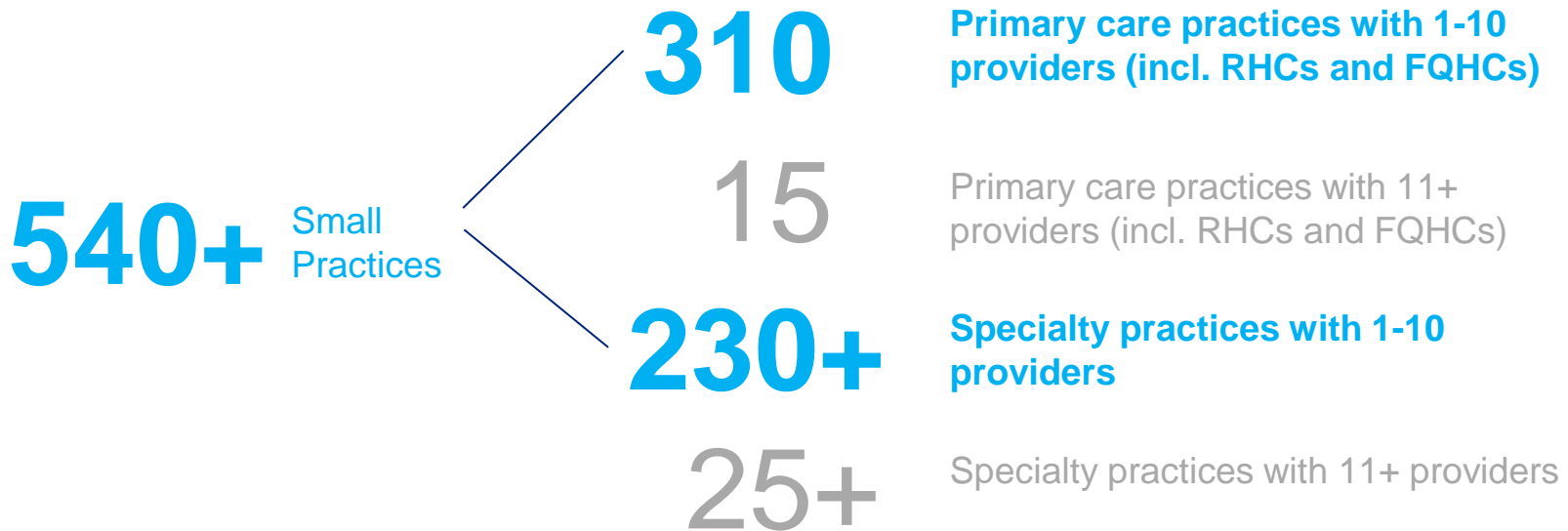


Source: Deloitte Analysis based on data from Medicaid Provider Universe



2) TA for Shared Technology Services

Identifying Targeted Populations



**The numbers above are rough estimates. They represent what MetaStar considers to be independent practices based on organization. They don't account for multiple locations that an organization has. Nor do these numbers include individual practices owned by larger health systems or CAHs with clinics.*

Primary care practices represented in the numbers include internal med, family practice, geriatrics, OB/GYN, and pediatrics. The specialties represented in these numbers are across the board, from behavioral health to nephrology.