



• Pennsylvania's Award

- A five year \$9.7 million grant was awarded to the PA Department of Public Welfare
- The grant is also known as QUICKSTEPS – QUality Improvement and Care for KidS Through Electronic ProgramS
- Grant focus will be on improving the quality of care for approximately 1.2 million children enrolled in Medical Assistance and CHIP
- Pennsylvania awarded three grant categories:
 - Category A - Evaluating CMS' pediatric core measures of quality
 - Category B - Promoting the use of health information technology (HIT) in children's health care delivery
 - Category D - Demonstrating the impact of the model pediatric electronic health record format



- **Pennsylvania's Commonwealth Partners**

- ▾ PA Insurance Department which runs CHIP
- ▾ PA Department of Health



PA State Capitol Complex

- **Pennsylvania's Grantee Partners**

- ▾ Children's Hospital of Philadelphia (CHOP)
- ▾ Children's Hospital of Pittsburgh of University of Pittsburgh Medical Center
- ▾ Geisinger Health System
- ▾ Hamilton Health Center - FQHC
- ▾ Penn State Milton S. Hershey Medical Center
- ▾ Pocono Medical Center
- ▾ St. Christopher's Hospital for Children



Penn State Hershey Medical Center



• Pennsylvania's Strategic Plan

- Grantees were chosen based on their location, size, and pediatric population
- Three leads were chosen with each lead representing a specific grant category:
 - Category A – Geisinger Health System (lead) and Children's Hospital of Philadelphia
 - Category B - Children's Hospital of Philadelphia (lead) and Geisinger Health System
 - Category D – St. Christopher's Hospital for Children (lead), Children's Hospital of Pittsburgh of UPMC, Hamilton Health Center, Penn State Milton S. Hershey Medical Center and Pocono Medical System
- None of the categories are exclusive - each category will cross into the duties of other categories as the grant progresses
- This intersection of duties allows work to continue in each category even if a specific area of concentration is delayed



- **Category A**

- **Evaluating CMS' pediatric core measures of quality**

- Geisinger and CHOP are electronically extracting and reporting the 24 pediatric quality measures from their EHRs at a combined total of 64 practice sites
- Geisinger has worked with DPW to develop flat file formats for each of the measures; these standardized formats will be used to electronically report the quality data via DPW's secure FTP site
- DPW applies continuous enrollment to the population along with administrative data the health system may not have access to (such as medication history)
- DPW calculates the rate and reports it back to Geisinger and CHOP for quality improvement efforts
- All seven health systems will electronically report the quality measures by 2012
- Geisinger has reported baseline data for their combined Medical Assistance/CHIP BMI rate which is 72.95% - for comparison, the percent of children in DPW's PCCM program that had a BMI percentile in their medical record is 50.61%
- Eight of the 24 pediatric quality measures have been designated by the grantees as pay for performance (P4P) measures - the goal for improved performance on these measures is five absolute percentage points by the end of the grant in 2015

Pennsylvania's CHIPRA Grant



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Flat File Layout Sample

Field	Field Name	Start	End	Format	Length	Definition/Description	Values
1	Medicaid Recipient ID	1	9	Char	9	9 Digit Medicaid Recipient ID (last digit of Recipient ID is a check digit and should be dropped off)	
2	CHIP UFI	10	18	Char	9	9-Digit Chip Unique Family Identifier	
3	CHIP UCI	19	27	Char	9	9-Digit Chip Unique Client Identifier	
4	MCO Indicator	28	33	Char	6	Health Plan Indicator	0001 = MA FFS - not Access PLUS 0081 = Access PLUS ABH = Aetna Better Health ACPA = AmeriChoice of PA
5	Filler	34	35	Char	2		
6	MCO Recipient ID	36	50	Char	15	MCO Assigned Patient Identification Number	
7	Medical Record Number	51	65	Char	15	Facility Unique Medical Record Number	Facility Based Internal ID Number
8	Recipient First Name	66	85	Char	20	First Name of the recipient	
9	Recipient Last Name	86	115	Char	31	Last Name of the recipient	
10	Recipient Date of Birth	116	123	Char	8	Date of Birth of the recipient	yyyymmdd
11	Recipient Gender	124	124	Char	1	Gender of the recipient	M = Male; F = Female; U = Unknown
12	Race	125	126	Char	2	Race of the recipient	01 = African American 03 = American Indian or Alaskan Native
13	Ethnicity	127	128	Char	2	Ethnicity of the recipient	01 = Non-Hispanic 02 = Hispanic 03 = Missing or Not Available 99 = Patient Declined to Provide
14	Primary Language Spoken	129	130	Char	2	Primary Language Spoken	AR = Arabic CH = Chinese
15	Date of Service	131	138	Char	8	Date Service(s) were rendered	yyyymmdd
16	Chlamydia Test Ordered	139	139	Char	1	Physician's order for Chlamydia test to be performed	1 = Ordered; 0 = Not Ordered
17	Chlamydia Test	140	140	Char	1	Chlamydia test administered or not	1= Administered; 0=Not Administered
18	Self-Reported Sexual Activity	141	141	Char	1	Sexually active per E H R	1 = Yes; 2 = No; 3 = Not Asked; 4 = Not Currently

- **Category A**

- **Connection to the PA Department of Health Statewide Immunization Registry**

- All seven grantees will be incented to link to PA's immunization registry and demonstrate bi-direction real-time data exchange
- For category A, Geisinger has connected to the statewide immunization registry and CHOP will be connected by fall 2011
- Connection to the registry allows providers to:
 - Obtain current immunizations on their patients
 - Report immunizations in real-time
- Current barriers to childhood immunization in the MA and CHIP population
 - Transient population with no transfer of medical records
 - Change in medical coverage (CHIP to MA and back to CHIP) with no transfer of medical records
- Use of the registry should result in reduction/elimination of children being over or under immunized

- **Category B**

- **Creation of Electronic Screening Tools**

- The objective is to leverage HIT to maximize the early identification of children with the following medical conditions:
 - Developmental delay
 - Autism
 - ADHD/disruptive behavior
 - Depression/suicide risk in adolescents
 - Maternal depression
- Patients/families complete web-based assessments prior to their clinic visit
- Assessments can be completed at home or in the clinic waiting room
- Once the web-based assessment is complete, it is automatically scored and loaded into the patient's EHR
- CHOP and Geisinger to implement the screening tools at a combined total of 22 practice sites by 2013



Pediatric Symptom Checklist-17

- **Category B**

- **Electronic Screening Tools**

- The following validated screening tools are being used:
 - Ages and Stages: ASQ-3 (developmental delay screening at 9, 18 and 30 months)
 - M-CHAT (Autism screening at 18 and 24 months)
 - PSC-17 (ADHD/disruptive behavior screening at 5 and 9 years)
 - PHQ-9 (adolescent depression screening at 12 and 16 years)
 - Edinburgh Post Natal Depression Scale (maternal depression screen 2 months post partum)



- Children who screen positive are referred to appropriate specialty care
- Those who screen negative are provided handouts outlining ways to maintain the child's progression
- Providers are pleased with the time electronic screeners save
- Parents are excited about being more involved in their child's healthcare



- **Category B**

- **Children with Special Health Care Needs**

- This portion of the grant focuses on coordination of care efforts for children with complex medical conditions by addressing continuity of care, medication management and care plan management
- An electronic referral system will be developed which allows patients to be electronically referred with care plan feedback to the PCP/EHR
- CHOP is currently exploring the needs of children with failure to thrive while Geisinger is focusing on toddlers with obesity

- **Early Intervention**

- Providers will be electronically linked to DPW's Office of Child Development and Early Learning's web-based PELICAN Early Intervention (EI) system
- PELICAN enables child serving social agencies, the education system and parents to develop and view care plans for children needing EI services
- By bringing the medical providers into this community they will be able to participate in care plan development, share clinical information via PELICAN and the EHR, and have bi-directional communication with families and therapists



- **Category D**

- **Demonstrating the impact of the model pediatric electronic health record format**

- CMS has contracted with the vendor Westat to provide a pediatric electronic health record (PEHR) model format
- The model format is not a PEHR - it will provide suggested requirements for inclusion in a pediatric specific EHR
- Currently there are twenty-one topic areas in the format covering areas such as growth data, immunizations, prenatal screening and quality measures
- Under the topic areas there are just over 430 requirements addressing specific elements such as medication dosage, the ability to capture/communicate referrals to other care providers and nutritional status analysis
- The model format is to be released to the grantees fall 2011 for conformance testing
- Prototype development will continue through spring 2012



Sample of the Model Format Requirements

Title	Description	Environment(s)	Function Type(s)	Topic Area	Source	Source ID	Importance	Provenance	Meaningful Use Related
Ability to send non- medication orders, referrals, and updates to receiving systems	The system SHALL provide the ability to send non-medication orders, referrals, and updates to receiving systems (e.g., LIS, RIS, dietary, ancillary service providers, durable medical equipment company (DME), home care provider, case management, and mental, dental, and visual health services).	All	Direct Care	Children with Special Healthcare Needs	IH Gap Analysis	IH.09.019	Moderate	IH Gap Analysis	
Ability to route and track patient disease management plans, etc to recipients in local registry	The system SHALL provide the ability to route and track patient disease management plans, school medication administration forms, early intervention and WICC referrals, etc. to recipients in local service provider registry by preferred routing method (e.g. fax, electronic)	All	Direct Care	Children with Special Healthcare Needs	IH Gap Analysis	IH.09.020	Moderate	IH Gap Analysis	
Ability to create referral orders with detail adequate	The system SHALL provide the ability to create referral orders with detail adequate for correct routing, including referrals to outside agencies or providers.	All	Direct Care	Adolescent Obstetrics	IH Gap Analysis	IH.11.001	High	CCHIT - IH Gap Analysis	Electronic data exchange



- **Category D**

- **Testing the impact of the model pediatric electronic health record format**

- The five health systems participating in category D will test the model format at a total of 73 practices with 445 providers
- Practice sites have been assessed for their ability to implement elements of the model format into their existing EHRs
- Clinical implementation plans have been developed to include staff from the health systems, EHR/EMR vendor support and the PA Regional Extension Centers (PA Reach East/West)
- A preliminary evaluation plan has been developed which includes a PA designed assessment tool of the model format requirements
- Gap analyses are being performed on the health systems' current EHRs vs. the model format to identify necessary vendor change orders to implement the requirements

- **Quality Measures**

- The category D team has begun talks with Geisinger and DPW surrounding the electronic extraction of the quality measures from the model format PEHR

- **Immunization Registry**

- Children's Hospital of Pittsburgh of UPMC is the first category D health system to link to the PA state immunization registry – remaining health systems should be connected by late 2011