MO HEALTHNET OVERSIGHT COMMITTEE MEETING
April 21, 2009

205 JEFFERSON STREET
JEFFERSON CITY, MO 65101

Members in Attendance
Gwendolyn Crimm, Co-Chair
Steven Lipstein, Co-Chair
Steve Bradford
Heidi Miller, MD
The Honorable Rebecca McClanahan
The Honorable Rob Schaaf
Ron Levy, DSS
Randy Rogers, DHSS (alternate)
Joe Pierle
Joe Parks, MD, DMH

Members Absent
Laura Neal
The Honorable Joan Bray
The Honorable Charlie Shields

MHD Staff in Attendance
Ian McCaslin, MD, MPH
George L. Oestreich, PharmD, MPA
Judith Muck
Marga Hoelscher, CPA
Michael Wilson, DO
Karen Lewis
Beth McQuaide

DSS Staff in Attendance
Sharon Denney, FSD
Brian Kinkade, DSS
Damion Trasada, DSS
Valerie Davis, FSD

Others in Attendance

Sam Smothers, Med Immune
Dyna Early, Sitavan Cancer Center
Taisa Griggs, Aetna
Tim Swinfard, MOCMH
Dwight Fine, MO Hospital Association
Pam Victor, HCUSA
Rebecca Fish, House Intern
Steve Renne, MHA
Sam Richardson, Molina

Megan Coletti, Sitavan Cancer Center
Bill Elder, MO-OSEDA
Kristin Wilson, St. Louis University
Amy Wood-Hoyt, UMC-Health Policy
Megan Burke, Paraquad
Janel Luck, Cornerstones of Care
Illegible, House Intern
Jim Moody, Moody and Associates
Jennifer Kemp-Cornelius, ACS

Welcome/Introductions/Minutes- Gwendolyn Crimm, Co-Chair called the meeting to order at 12:00 Noon. Minutes of the February 3, 2009 meeting were approved as submitted.

MO HealthNet Enrollment by Eligibility Category-Valerie Davis, Interim Director, Family Support Division (FSD) reviewed the *MO HealthNet Participation* meeting handout. The report detailed participants in March 2008 compared to March 2009 enrollment. She stated a column for projected participant numbers through the end of the calendar year, as requested at the last meeting of the Committee, had been added to the report. Ms. Davis noted an increase in participant numbers in all eligibility categories with a total increase of 21,917 since March 2008. Ms. Davis responded to questions regarding the on-line application process, noting FSD is monitoring increased activity. In response to questions from the Committee, Brian Kinkade, Deputy Director, Department of Social Services

(DSS) and Marga Hoelscher, CPA, Chief Financial Officer, MO HealthNet Division (MHD) explained how participation projections, as well as current enrollment, are used during the budgeting process. Ian McCaslin, MD, Director-MHD commented on women's health coverage and requested the Committee's assistance in sharing information about this expanded benefit.

Budget Overview and Current Status-Ms. Hoelscher presented a PowerPoint presentation entitled *Budget Overview for MO HealthNet Oversight Committee.* The purpose of the presentation was to provide relevant budget information to Oversight Committee members to assist them when discussing healthcare policy initiatives. Ms. Hoelscher highlighted state revenues and appropriations, the Fiscal Year (FY) 2010 budget-all funds and General Revenue (GR), the MHD Fiscal Year 2010 budget, MHD budget new decision items, and stimulus proposals during her presentation. Relevant budget terms were defined. Ms. Hoelscher discussed the recession's impact on General Revenue and Consensus Revenue Estimates (CRE) for FY 2010. Ms. Hoelscher compared GR growth rates for FY 2005 through FY 2010, noting a 4.0% decrease in FY 2009 from FY 2008 with only a 1% increase for FY 2010. While detailing the appropriations process Ms. Hoelscher provided examples of items funded with GR dollars. The Governor's recommendations compared to House and Senate recommendations currently under discussion were summarized. The remainder of the presentation was opened for questions from the Committee. Ron Levy, Director DSS, Dr. McCaslin, Ms. Hoelscher and George L. Oestreich, PharmD, Deputy Division Director responded to these questions including discussion of new decision items, state employee salary and benefits, rainy day funds, funding for mental health coverage, the State's Bank, and use of stimulus funds. Members agreed this presentation provided helpful information.

Personal Health Record Overview/Direct Inform-Dr. McCaslin opened his PowerPoint presentation entitled *Personal Health Records (PHR)* with the question "What happens if Dr. McCaslin can't or won't share patient information?" This question prompted discussion surrounding who actually owns the patient chart. The presentation summarized a 2001 Institute of Medicine report discussing errors, deaths, inefficiency, and poor patient care coordination. PHR was defined per the National Coordinator for Health Information Technology as "An individual's electronic record of health-related information that can be drawn from multiple sources while being managed, shared, and controlled by the individual."
Dr. McCaslin discussed the direction MHD is headed, with CyberAccess^{SM} as the platform, to allow the patient better access to their own data and to enable them to have more control over their own information, moving beyond the "chart on the shelf" standard. Pharmacy, laboratory, and disease management tools are already available within the CyberAccess^{SM} tool, with plans to allow participants to contribute to the record as well through Direct Inform™. Patient's rights were discussed. Dr. McCaslin closed his presentation with questions for the Committee to consider while Direct Inform™ was demonstrated. Jennifer Kemp-Cornelius, PharmD, ACS Healthcare provided a live demonstration of the Direct Inform™ tool noting a user name and password would be given through a Web-site. It is hoped that providers will provide this URL to their MO HealthNet participants.

The tool will allow the participant to view paid claims data, review information from hospital and physician visits, as well as pharmacy data. The participant would not be able to make changes to this information, however could update demographic information as well as bring in information not readily available through claims data, i.e., smoking status and family history. Dr. Cornelius described how algorithms using paid claims data would be used to create health recommendations and provide health information through internal .pdf files or external links geared to the particular patient. Dr. McCaslin asked the Committee to consider and report back how MHD might encourage participant endorsement of Direct Inform™. Dr. Cornelius opened the remainder of the demonstration for a question and answer period. Dr. McCaslin, Dr. Oestreich and Dr. Cornelius responded to these questions which included: who developed the tool, was the tool available to a participant after leaving MHD, cost to the Division, and discussion surrounding the value of the tool in case management. Members expressed concern over Internet availability, the need for yet another password, level of responsibility to the Division for patient information provided, and how/when parents will have access to their children's portal, however felt any effort to include a participant to actively participate in their healthcare was important.

During this discussion Committee members raised questions regarding comparisons of Managed Care and Fee-for-Service delivery models. Dr. McCaslin noted the Division would have to release a Request for Proposal (RFP) to commission a study on the relative effectiveness (clinical and cost outcomes) of all delivery systems and funding had not been appropriated. Director Levy stated the Department and Division will build the frame work and seek funding options for the study over the summer and also look at what information can be readily produced with available data and report back to the Committee at the fall meeting.

Heath and Wellness Access/Satisfaction Study-Bill Elder, PhD, University of Missouri Office of Social and Economic Data Analysis (OSEDA) provided background on Senate Bill 577 requirements for an independent study measuring disease specific outcomes, provider network demographics, and participant and provider satisfaction. Dr. Elder noted this analysis was a collaborative effort between OSEDA and the St. Louis University School of Public Health Center for Outcomes Research (SLUCOR). Dr. Elder's PowerPoint presentation, *MO HealthNet: Participant Health and Wellness Outcomes, Provider Network Demographics, and Participant and Provider Satisfaction Survey*, provided outcomes for nine indicators for five disease conditions (Asthma, Chronic Obstructive Pulmonary (COPD) Disease, Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), and Diabetes). Highlights included high rates of achievement of recommended outcomes for CHF and CAD in the Southwest region of the state and high outcome achievement rates for asthma and diabetes in the metropolitan areas of St. Louis and Kansas City. Contrary to previous reports of disparities Blacks in all areas of the state had equal or better outcomes than Whites for asthma, CHF, and diabetes. Dr. Elder discussed gender variations seen throughout the outcome study as well as low levels of urinary miroalbumin screening among diabetics which mirrors a trend identified by the Medicare Program who has dedicated funding to address the concern. Dr. Elder presented slides detailing the number of active primary care

fee-for-service providers and the ratio of participants to providers and provided graphic representation of this ratio by county, region, and Rand McNally Trade areas. Kristen Wilson, PhD, SLUCOR was introduced and continued the presentation with PowerPoint slides, *Participant and Provider Satisfaction*, *MO HealthNet Baseline Results for Quality Improvement.* Dr. Wilson summarized the purpose of the study and outlined the standards used for interpreting the satisfaction data collected. Highlights of the report were discussed. Participant strengths included the ability for most participants to identify one person as their personal health care provider, most said it was not a problem to find a personal health care provider, and MO HealthNet paperwork was not viewed as causing delays in healthcare. Areas offering opportunities for improvement were the time it took a participant to get an appointment, finding and/or understanding information, and getting help when calling. Providers showed overall low satisfaction with provider relations, specifically mentioning the ease and timeliness of obtaining referrals and pre-certifications. Satisfaction with coverage and authorization process as well as reimbursement was also low. However, over 80% of the physicians surveyed reported they would use Web-based tools, and the majority of providers said their practice is willing to accept more MO HealthNet patients. Dr. Wilson concluded the presentation with a discussion of future opportunities to use the satisfaction results. Dr. Elder responded to questions from the Committee regarding how this information can be used and at what intervals repeat studies will be conducted. The question was raised if the survey questions addressed the changes from the old system to the new processes using CyberAccess^{SM}. Discussion ensued regarding the scope of this report and if it was what the legislation intended. One member expressed frustration that this was not the report expected. Other members expressed concern that the legislature had placed unrealistic burdens on the Division to produce reports for which no appropriation was provided.

Health Information Technology (HIT)-Ronald J. Levy, Director, Department of Social Services presented a PowerPoint presentation, *Framework for American Recovery and Reinvestment Act (ARRA) Health Information Technology,* to provide the Committee an overview of the State's plans, challenges and opportunities for the stimulus package. Laurie Hines was introduced. Ms. Hines serves as the team leader for a project team created by Governor Nixon which includes representatives from all state departments and is tasked to review ARRA and draft grant applications to the Department of Health and Human Services (DHHS) for the Governor's signature. Mr. Levy discussed state competitive grants, state loan programs, and provider payment incentives available through ARRA. State grants to promote Health Information Technology (HIT) were discussed in detail including grant requirement established by the Office on National Coordinator (ONC) within DHHS. The purposes and initiatives of the grant were reviewed as were the critical components of the grant application. Mr. Levy also discussed competitive grants available to states for the development of loan programs. These loans would be made available to eligible health care providers to purchase electronic healthcare records (EHR), improve existing EHR systems, train personnel, and improve exchange of health information services. Additional competitive grant opportunities include opportunities to promote HIT adoption in regional extension centers and

health center HIT acquisition, integrate HIT into clinical education, and develop higher education medical information programs to support information technology professionals in health care. Mr. Levy summarized Medicare and Medicaid reimbursement for EHR technology. The presentation ended with a discussion of the critical next steps for the state. Mr. Levy stressed the need for a fair and open process as the state plans and designs its grant applications, which will include statewide stakeholder meetings. MO HealthNet will be assessing its capacity and the need for potential legislation to implement Medicaid-based provider incentive payments in preparation for legislative appropriation discussions surrounding short and long-term HIT funding. Mr. Levy responded to comments and questions from the Committee. Members agreed the information supplied was helpful in understanding the process.

Open Public Comment-No comments were entered.

Questions/Adjourn-Copies of meeting materials and presentations will be made available on the MO HealthNet Oversight Committee webpage http://www.dss.mo.gov/mhd/oversight/index.htm. The meeting was adjourned at 4:00 p.m.