

MEDICARE PLATINO 2021

APPENDIX M (21)
STRATEGIC PLAN FOR HEALTH
INFORMATION
ORGANIZATION (HIO)



**PLAN OF ADOPTION OF ELECTRONIC HEALTH RECORDS.
FOR THE SUPPLIER NETWORK OF THE VITAL PLAN OF THE GOVERNMENT
-MEDICARE PLATINO-**

In accordance with the public policy established by the Health Information Technology for Economic and Clinical Health Act (HITECH), enacted as part of the United States Recovery and Reinvestment Act of 2009, which promotes the adoption and significant use of health information technology and Law 40 of 2012, promulgated by the Government of Puerto Rico, the Health Insurance Administration of Puerto Rico (ASES) as the agency responsible for implementing the government's health plan (GHP-Vital) established a Plan for the adoption of electronic medical records (EHR) by the network of health care providers of GHP-Vital.

ASES recognizes that physicians are the gateway to organized and integrated healthcare delivery systems. The implementation of this Strategic Plan will accomplish the integration of all the health care providers' network, as an organized health care system, allowing ASES to plan for, provide/purchase, and coordinate all core services along the continuum of health care services for the population served by the *GHP- Vital*. The progressive adoption of electronic health records and the necessary secure and effective exchange of the patient health information constitute the backbone of an organized integrated health system.

The proper implementation of the Plan in a structured and progressive way will allow the achievement of the following objectives:

- Focus on meeting the *GHP* population health needs;
- Efficient information systems that enhance communication and information flow across the continuum of care;
- Coordinate and integrate health care across the continuum;
- Able to obtain and manage information on quality outcomes and costs;
- Patient access to care continuum with multiple points of access; ensuring the patient receives the "right care at the right place at the right time";
- Population-based needs assessment; focused on defined population as needed;
- Maximize patient accessibility and minimize duplication of services ;
- Encourage and facilitate prudent use of resources and eliminate wasteful practices;
- Align service funding to ensure equitable funding distribution for different services or levels of services;
- Provider-developed, evidence-based care guidelines and protocols to enforce one standard of care regardless of where patients are treated;
- Cooperation between health care providers and organizations - medicine management partnerships; and
- Facilitate prevention and health promotion.



- Facilitate immediate intervention for patients with their providers in a disaster.

ASES, in accordance with the authority conferred by law, has required the MAO to promote and request the adoption and implementation of the EHR by its network of health care providers and an active participation in the HIE, which develops and implements the state to allow the exchange of health information among health providers.

The adoption of electronic health records and the meaningful use by the GHP health care provider network will allow ASES to establish mechanisms that guarantee, directly and indirectly, the accessibility, quality improvement, and cost and utilization controls of health care services provided and funded by federal and state governments, as well as the protection of patients' rights.

Strategies to Achieve ASES Goals and Objectives

ASES understands that achieving its goals and objectives will require it to work together with the contractors, to ensure that all health care providers move forward in a concerted and consistent manner in support and compliance with this Plan. The following are critical to achieving ASES' goals and objectives.



1. **Promote and demand that the GHP-Vital health care provider networks adopt the meaningful use of certified medical records and an active exchange of patient health information as part of the development and implementation of the HIE.**

ASES will request the MAOs to identify the following information in their networks of health care providers of GHP-Vital:

- Number of health care service providers/ organizations using a certified electronic health record;
- Number of health care service providers/ organizations that are active participants of a Health Information Exchange;
- Number of health care service providers/ organizations in the process of adopting and implementing a certified electronic health record system;
- Number of health care service providers/ organizations that do not have a certified electronic health record system and the reasons for that (ex. technical issues, financial issues, lack of knowledge, etc.);
- Number of providers / organizations of health services that use a certified electronic medical record and have a unique Direct Trust account

Using the results presented, ASES and the contractors will develop and present a series of educational initiatives to advance and support, the adoption and implementation of the significant use of the certified electronic health record by the provider networks and the compliance of Interoperability.



Other related educational initiatives/programs will be developed and offered to assure the adequate use of the electronic health records to include the following;

- the health information exchange between providers and between providers and the contractors for the benefit of the patient care;
- the privacy and security (Privacy Framework) of the electronic management of patient health information in compliance with the federal and state regulations; and
- the patients insured by *GHP-Vital* are informed about the benefits of the electronic health record and the health information exchange between their health care providers.

2. Ensure the Health Care Provider Networks Comply with Meaningful Use Care Goals

-In order to comply with the Federal Government's guidelines of what constitutes a "Meaningful Use" performance, ASES envisions that their provider networks will achieve meaningful use within the CMS program requirements. ASES and the contractors will work together to monitor the provider's engagement in a Health Information Organization and participate in the health information exchange platform.

3. Monitoring the adoption of EHR and participation in the development and implementation of the HIE

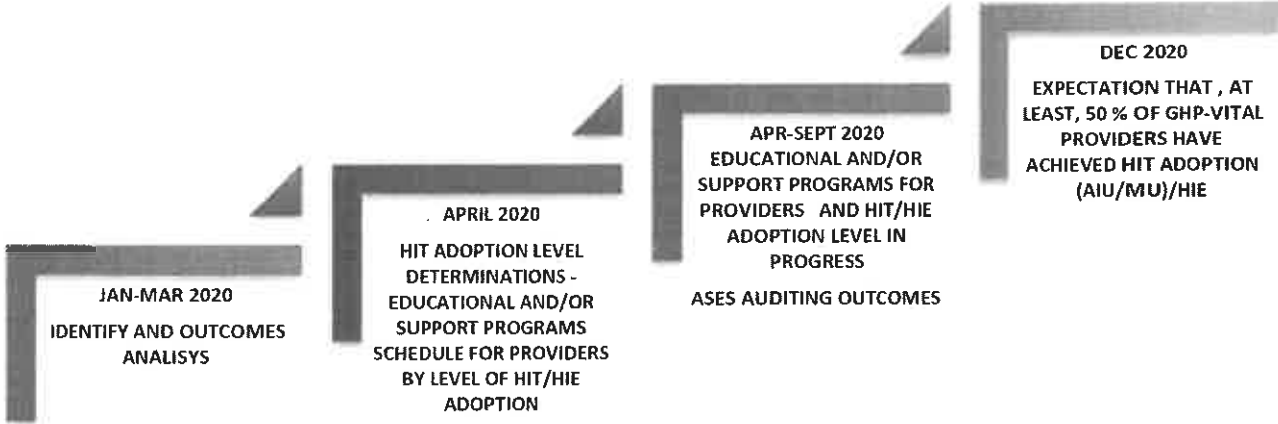
The MAO will develop a milestone and auditing program to be shared with the provider networks to measure EHR adoption and implementation. By measuring the progress, the MAO will be able to identify areas where EHR adoption and/ or development and implementation of the HIE engagement are successful and where more effort is needed to help certain providers so that ongoing progress towards meeting the CMS deadlines is maintained. As a result, the MAO must report ASES the milestones achieved and the findings results from the audits performed.

ASES, as the agency responsible for the implementing the GHP-Vital, will start the monitoring program using CMS requirements, as included in the contract ASES will work on a systematic measurement program that will produce reporting to demonstrate and/or validate the GHP-Vital provider networks performance. The monitoring program will include:

- Monthly periodic reporting of EHR adoption and participation in the development and implementation of the HIE engagement;
- Reporting requirements aligned with CMS EHR Meaningful Use criteria, CMS quality reporting and/ other data fields required by ASES;



**HIT ADOPTION AND DEVELOPMENT AND IMPLEMENTATION OF THE HIE ENGAGEMENT
EXPECTED TIMELINE**



HIT ADOPTION AND HIE ENGAGEMENT OPERATIONAL PLAN

GOAL I.

Promote and require the GHP-VITAL health care provider networks to adopt meaningful use of a certified electronic health record (EHR) and an active exchange of patient health information through a health information exchange HIE

OBJECTIVES	STRATEGIES	DATE
<p>I.A. To obtain real time data on the GHP-Vital health care provider networks and the current status of their adoption and implementation of an EHR, Meaningful Use compliance, and their active participation in the HIE.</p>	<p>I.A.1 Develop and submit to ASES for approval a survey tool related to the adoption and implementation of a certified EHR by the GHP- VITAL healthcare providers and their participation in HIE. Preferably, the survey tool should be on-line.</p>	January 6-17, 2020
	<p>I.A.2 Submit the EHR Adoption Survey to the providers. EHR Adoption Survey MUST be completed by February 26, 2020.</p>	February 3-28, 2020
	<p>I.A.3 Collection and analysis of the EHR Adoption Survey results the contractors. Determine providers' EHR adoption levels by Municipality. Preferably, the survey tool should be on-line</p>	March 2-27,2020
	<p>I.A.4 Develop the EHR Adoption Communication/Education Plan for GHP- Vital health care provider networks in compliance with federal and state requirements. The EHR Adoption Communication/Education Plan will specify those GHP- Vital network providers that require additional targeted educational initiatives to be provided in order to accelerate adoption and effective use of EHRs within the GHP-Vital provider networks. Submit the EHR Adoption Communication/Education Plan for the GHP-Vital Health care provider networks to ASES for approval.</p>	April 1-17, 2020
	<p>I.A.5 The MAO will be responsible to discuss GHP Insured Population/ Patient Education Plan with providers; encourage health care providers for the incorporation of privacy and security policies and procedures; and provide monitoring results to ASES.</p>	April 1-17, 2020
<p>I.B Develop and schedule the educational initiatives to be offered to GHP-Vital health care providers</p>	<p>I.B.1 Educational initiatives begin targeting providers by EHR Adoption levels. Educational programs must include:</p> <ul style="list-style-type: none"> • EHR adoption policy – federal and state overview • EHR Medicaid Incentive Program • Federal and State legal framework • Level of meaningful use compliance • Privacy and Security Frameworks • Health Information Exchange Platform – Active Participation Requirements • Patients' Rights • Quality Improvement Programs/Measures 	April 20-June 30, 2020



Requirements

- unique DirectTrust account

I.B.2 MAO will schedule the continuing education program for the GHP- Vital network providers along with the communication and engagement process for the health care providers.

April 20-June 30, 2020

I.B.3 MAO will conduct follow up to audit the health care provider networks progress in increasing their EHR Adoption level and must provide findings to ASES.

July 1-September 30, 2020

GOAL 2.

Ensure that health care provider networks to comply with Meaningful Use Goals

OBJECTIVES	STRATEGIES	DATE
<p>2.A Monitor the Medicaid Meaningful Use certification process and compare with the data obtained under the educational program - follow up surveys</p>	<p>2.A.1 MAO will compare the results obtained from the follow up surveys from health care provider networks related to their progress in EHR Adoption level and the Meaningful Use Incentive Program</p>	<p>October 1- November 30, 2020</p>



GOAL 3. Monitoring EHR Adoption and HIE Engagement		
OBJECTIVES	STRATEGIES	DATE
3.A Report and analyze progress on EHR educational program	3.A.1 MAO will implement policies that require EHR and engagement with HIE the standard business practice for GHP- Vital Network Providers.	
3.B Integrate a Quality Improvement Culture into GHP- Vital Provider Network	3. B.1 MAO will align EHR standards for quality measurements and improvements across GHP- Vital /Medicaid and Medicare programs.	
	3.B.2 MAO will accelerate alignment and implementation of electronic clinical quality measures and electronic reporting	July 1-December 31, 2020
	3. B.3 ASES will develop standards and policies to enable electronic management of patient consent forms and HIE among GHP_Vital Network Providers with sensitive health data such as mental and behavioral health conditions.	
	3.B.4 ASES and the contractors will conduct follow up surveys to audit the health care provider networks progress in their HIT adoption, HIE participation, and quality measurement programs progress	

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