

# *Together for Quality*

Alabama Medicaid Agency

STATUS REPORT

January 31, 2008

You will notice a change in reporting design. While our workgroups are still integral components of this process, much of their individual work is collectively supporting project activities. To help our stakeholders have a good picture of where the project stands, status reports will change to activity versus workgroup heading where appropriate.

## I. PROJECT IMPLEMENTATION UPDATE

While we have not conducted formal meetings with our stakeholders during the month of January, the Agency and ACS continues to work behind the scenes. This month, much of the work continues to be interface development, screen design, technical design and analyzing the data. The care management portion of our project is on target for a February 1<sup>st</sup> implementation date.

ACS/ECST Highlights include:

- Release of the CCD companion guide to entities that will have a direct interface with the ECST. There has been additional dialogue specifically with some of the EMR systems that will be part of the pilot.
- Establishment of ongoing discussion with Blue Cross about the interface between InfoSolutions and the ECST resulting in a system design of real-time messaging between the systems.
- Finalization of screen design and workflow with ADSS.
- Submission by ACS to the Agency of the Requirements Design Document which outlines the individual screens, data sources, data outputs and security roles. The Agency will be staffing this document in the coming weeks to ensure that it meets program needs.

Care Management Highlights include:

- Finalization of the Asthma Protocol including training of the care managers. Diabetes will begin March 1<sup>st</sup>.
- Identification of education material to be used with the asthma population.
- Utilization of RMEDE as a data source for identification of care management patients and provider/patient data.

Upcoming Events:

- Review of the screens by the clinical workgroup.
- A second round of meetings with the pilot EMR systems.
- Finalization of interfaces and designs.

- Targeting providers in the second round of care management pilot counties (see Pilot Update below).
- Review of ACS' clinical rules.
- Development of Provider Reports and Utilization reports within the ECST system
- "Naming of the Tool" - last year we solicited names from one of our earliest workgroup meetings. Now that we have a better sense of the tool and what our goals are, we are going back to the drawing board. Our goal is to have a "name" that people connect to TFQ and within TFQ, the tool and the care management program. *We are open to suggestions!*
- Finalization of the evaluation plan.

It is anticipated that the ECST will be implemented late May, possibly early June. Much of this delay has been caused by the data interfaces. As many of you are aware, EDS - who is a primary data source - is working to implement our new MMIS system February 28<sup>th</sup>. In addition, some of our other entities that are supplying resources are also working on system upgrade and redesigns.

## II. PILOT IMPLEMENTATION UPDATE

Please refer to the chart below for a breakdown of the pilot counties including start date and project involvement.

COUNTY	TYPE	CARE MANAGEMENT START DATE	ECST START DATE
Pike	CM	February - asthma March - diabetes	N/A
Bullock	CM	February - asthma March - diabetes	N/A
Winston	ECST	June	May/June
Calhoun	Both	March	May/June
Houston	ECST	June	May/June
Jefferson	ECST	June	May/June
Lamar	Both	April	May/June
Montgomery	Both	May	May/June
Pickens	Both	April	May/June
Talladega	Both	March	May/June
Tuscaloosa	Both	April	May/June

### A. Provider Participation

1. Patient 1<sup>st</sup> providers in the pilot counties with a caseload of 50 or more were sent an initial participation survey. For those in ECST counties, information was obtained on their current level of technology use, including whether an electronic medical record system was in place.
2. PIKE and Bullock counties: All providers, regardless of survey response, were contacted to explain the purpose of TFQ, the goals of TFQ and the role they could play.

3. Twenty-one providers in Pike and Bullock County have agreed to work with the care managers in those counties.
4. Medicaid staff has been assigned to work directly with providers in these counties to facilitate program adoption.

#### B. Care Management

1. The Asthma care management protocol has been finalized including education tools for use by the provider and the care manager.
2. The measures have been finalized and shared with both the providers and the care managers. Program measurements are based on the recipient's county of residence.
3. The number of individuals that need to be care managed to have a measureable impact to meet program goals have been identified and double that number will be referred to care management. Doubling the number will account for program dropouts and noncompliance issues. Refer to C below for further details on patient identification.
4. Program measurements are based on the recipient's county of residence.

#### C. Patient Identification/Measurement Tracking

1. Through a contract with the University of South Alabama, Center for Strategic Health Initiatives (USACHSI), access to the RMEDE database has been granted.
2. RMEDE contains claim, eligibility and Patient 1<sup>st</sup> PMP assignment information on Patient 1<sup>st</sup> enrollees.
3. RMEDE then applies a risk stratification logic to obtain a risk score on patients as well as reports program measurements (known as missed opportunities) as defined by the clinical workgroup.

The above steps will be repeated as other pilot counties are implemented.

### III. SUSTAINABILITY

The Finance and Policy continue to work together in exploring sustainability models and ideas.

### IV. GENERAL

Meeting schedule for 2009:

April 9<sup>th</sup> 1 pm

July 9<sup>th</sup> 1pm

October 8<sup>th</sup> 1 pm

December 10<sup>th</sup> 1pm

Status reports will be posted to the Web the 1<sup>st</sup> of each month beginning with February 2008.

