CHIPRA Child EHR Format

Quality Technical Advisory Group

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Objectives

- Review Federal efforts to identify pediatric EHR needs

- Discuss lessons learned from North Carolina and Pennsylvania's experiences with testing the Children's EHR Format

- Review Federal efforts to further refine the Format by identifying a priority list of pediatric EHR needs

Background

- EHR use in the pediatric setting has been associated with improved quality of care

- More than 43 million children enrolled in a Medicaid or CHIP program in FFY2014

- 2012 American Academy of Pediatrics Survey: only 8% of pediatricians reported using fully functional EHRs

- Compared to all physicians (2014) – 74% used a fully functional EHR

Children's Health Insurance Program Reauthorization Act of 2009

- CHIPRA called for the establishment of a program to encourage the development and dissemination of a model electronic health record format for children enrolled in Medicaid and CHIP.
- Congress said that this format should be:
  - accessible to parents, caregivers, and other consumers for the sole purpose of demonstrating compliance with school or leisure activity requirements, such as appropriate immunizations or physicals
  - designed to allow the interoperable exchange of health information
  - structured in a manner that permits parents and caregivers to view and understand the extent to which the care their children receive is clinically appropriate and of high quality
  - capable of being incorporated into, and otherwise compatible with, other standards developed for electronic health records

Initial Format

- Released in 2013
- Contained 547 specific items that a model EHR should contain
- Example: The system shall produce reports (e.g., for camp, school, or child care) of a child's immunization history, including the following elements: child's name, date of birth and sex, date the report was produced, antigen administered, date administered, route of administration (when available), and an indication of whether a vaccine was refused or contraindicated.

CHIPRA Quality Demonstration Grant

- $100 million investment to improve care for children in the United States by testing and evaluating the use of core quality measures, health information technology, and provider-based delivery models

- Two grantees: NC and PA practicing pediatricians, and their vendors, were asked to review Format items (i.e., EHR needs) to determine whether their current EHR had the capability and, if not, determine whether the EHR could be modified

North Carolina

- Partners:
  - 6 EHR vendors
  - 26 independent pediatric or family practices
- Approach:
  - Hired, trained, and supervised four EHR coaches whose professional backgrounds ranged from nursing to practice management to health IT
  - CHIPRA quality demonstration staff asked EHR vendors to agree to (1) complete and return a survey that compared existing products to 133 requirements of the Format, (2) train EHR coaches to use EHR features that practice staff were not familiar with, and (3) indicate whether their products will meet specific Format requirements in the foreseeable future.

North Carolina

- Accomplishments and Changes Implemented:
  - Auto-populating of forms:
    - Oral Health Risk Assessment and Referral
    - Kindergarten Health Assessment
    - Risk Stratification Tool
  - Collection and Reporting of 16 Pediatric eCQMs
- Lessons Learned
  - Role of provider relationships and coaching is key factor in driving practice change (e.g., charting workflows)
  - Practices need HIT human resources to describe to HIT vendors what's important to pediatrics

Pennsylvania

- Partners:
  - 3 children's hospitals and affiliated ambulatory practice sites
  - 1 FQHC
  - 1 small hospital
- Approach:
  - Health systems chose a subset of format items and worked with EHR vendors to implement
  - 19 of the 22 EHR categories were chosen for implementation
  - Health systems could also receive incentive payments for using their EHRs to report and improve their performance on certain quality measures

Pennsylvania

- Overall Results
  - Screening rates for autism and developmental delay rose from around 20% to over 80%
  - Increased the level of parent/caretaker engagement through patient portals and other mHealth tools
- Lessons Learned
  - EHR vendors slow to respond and prioritize grantee requests
  - Better understanding of how data is collected, stored, and how that data affects the continuum of care

Format Benefits

- North Carolina and Pennsylvania providers and agency officials reported:

  - The Format provided a **helpful framework** for conversations about pediatric needs for EHRs among members of a practice and between practitioners and vendors.

  - Grantees gained a **better understanding** of their EHR's capabilities

Format Challenges

- Difficulty interpreting requirements
  - Use of technical language
  - Examples and supporting materials ambiguous or lacking
  - Vague language
  - Differing interpretations of language by different stakeholders
- Difficulty prioritizing needs
  - 547 items made it difficult to determine what to focus on

Format Challenges

- Some gaps in the Format
  - Social factors such as socioeconomic status
  - Religious and cultural considerations
  - Food insecurity
  - Conditions in the home
  - Women, infants and children (WIC) assessments
  - Language considerations
- Some EHR systems were harder than others to customize due to the inflexibility of the design

2015 Priority List and Recommended Uses of the Format

- Multi-stakeholder Work Group (MSWG)
  - 19 members from pediatric medicine, academia, HIT vendor community, HIEs, community organizations, and state Medicaid programs
  - Convened to develop priority list and make recommendations for future work
- Federal stakeholder Work Group
  - 19 members from multiple Federal agencies
  - Convened to inform key Federal agencies about the work being done, ensure the work did not duplicate or contradict other work being conducted by the Federal Government, and provide feedback to the MSWG

Workgroup Participants

2015 Priority List and Recommended Uses of the Format

- 2015 Priority List (PL)
  - 47 high-priority needs in 19 categories
- Recommended Uses of the Format
  - 16 recommended uses of the PL and the Format
    - 5 direct uses by software developers, providers, and designers (e.g., include format items in EHR contracts or requests for proposals)
    - 11 indirect uses by other stakeholders (e.g., improve the alignment of EHR functionality with emerging financial policy)
- Recommendations
  - 1. Expand use and awareness of the 2015 Priority List
  - 2. Encourage stakeholder collaboration to improve the Format

What's Next?

- Ongoing outreach and education on how Medicaid and CHIP agencies can use the 2015 Priority List to improve quality

- Explore future projects to evaluate how the 2015 Priority List impacts the quality of care received by Medicaid/CHIP beneficiaries

- Promoting health information exchange via use of personal health records (PHRs) by parents/caretakers/adolescents to empower involvement in health care decision-making

Discussion/Q&A

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https://healthit.ahrq.gov/health-it-tools-and-resources/childrens-electronic-health-record-ehr-format