



Slides Loading...Please Wait





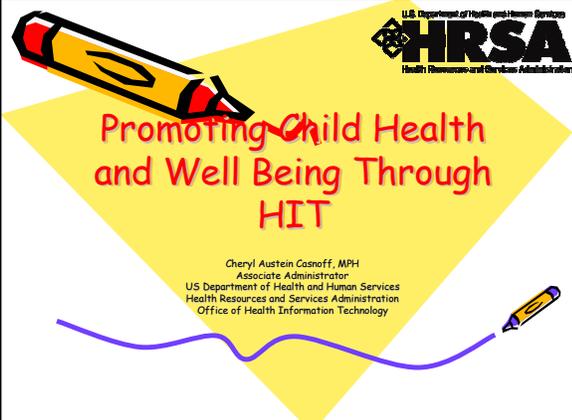
MCHB/DCAFH
February 12, 2009 Webcast
Promoting Child Health and Well Being
Through HIT
February 12, 2008





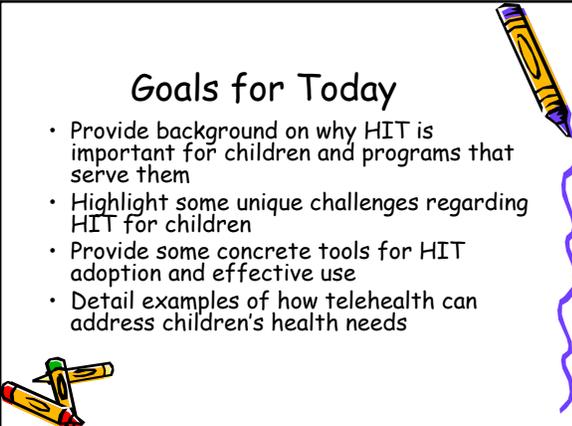
Moderator:
Keisha Johnson





Promoting Child Health and Well Being Through HIT

Cheryl Austein Casnoff, MPH
Associate Administrator
US Department of Health and Human Services
Health Resources and Services Administration
Office of Health Information Technology

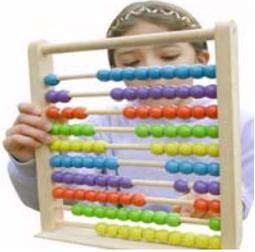


Goals for Today

- Provide background on why HIT is important for children and programs that serve them
- Highlight some unique challenges regarding HIT for children
- Provide some concrete tools for HIT adoption and effective use
- Detail examples of how telehealth can address children's health needs



20th Century Child



21st Century Child



A photograph of a young child with dark hair, wearing large white headphones and smiling. The child is wearing a white shirt. The photo is set against a dark background. To the right of the photo is a purple wavy line that extends down the right side of the slide. In the bottom left corner, there are three yellow crayons with green and red tips.

Sharing Information to Promote Child Health and Wellbeing

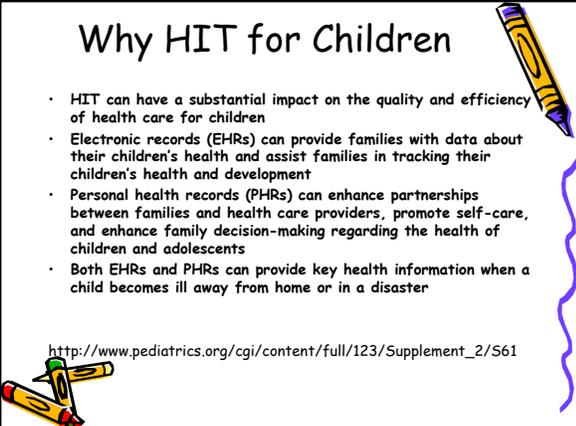


An illustration of two golden, stylized human figures sitting at two laptops. They appear to be interacting with the screens. To the right of the illustration is a purple wavy line that extends down the right side of the slide. In the bottom left corner, there are three yellow crayons with green and red tips.

Why HIT for Children

- HIT can have a substantial impact on the quality and efficiency of health care for children
- Electronic records (EHRs) can provide families with data about their children's health and assist families in tracking their children's health and development
- Personal health records (PHRs) can enhance partnerships between families and health care providers, promote self-care, and enhance family decision-making regarding the health of children and adolescents
- Both EHRs and PHRs can provide key health information when a child becomes ill away from home or in a disaster

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



A purple wavy line that starts to the right of the text and extends down the right side of the slide. In the bottom left corner, there are three yellow crayons with green and red tips.

Linking Health and Human Services for Children

- Children with special health care needs who receive services in both health and social services programs represent a unique challenge and opportunity
- The capacity to exchange information between health care and social service providers can support effective coordination and communication
- A few state Medicaid programs have begun to support implementation of a personal health record (PHR) that functions as a common communication vehicle for multiple providers

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



Unique HIT Needs of Children

- There are numerous challenges that need to be overcome to fully realize the potential of HIT for children
- As a child ages and grows, normative values for laboratory test results, growth parameters, and vital signs change
- Electronic systems need to express these changes appropriately to be effective for pediatric usage
- Growth charts, with calculation of BMI and percentiles and electronic graphing, are important tools for pediatric primary care practice and should become increasingly important to address the emerging problem of childhood obesity

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



Use of HIT by Pediatric Providers

- General pediatrics has lagged behind other specialties in uptake of electronic health tools
- There are numerous barriers to adoption, primarily cost and the lack of appropriateness for pediatrics of the available products
- The large number of solo and small practices in pediatrics, compared with family medicine and internal medicine, may also be a reason for why pediatricians lag in the adoption of EHRs
- Lack of pediatric functionality has also been cited as a reason for lower rates of EHR adoption in pediatrics

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



Use of HIT by Pediatric Providers

- In 2005, one study found that only 13.7% of general pediatricians in Florida were using EHRs
- A 2005 national survey found that 21.3% of primary care pediatricians had EHRs in their practice
 - Large networked practices were more likely to report EHRs and only 3.5% of solo practices reported using EHRs

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



Health Level 7 (HL 7) for Children

- HL7, an HIT standards development organization, has specified basic functional requirements for child healthcare in an electronic health record system
- HL7's Child Health Functional Profile is designed to define the general pediatric functions critical for electronic health record systems that are used to care for children.
- HL 7 identified additional EHR system functions needed to care for a child under 18 who receives routine wellness and preventative, acute illness or acute trauma care that takes place in a newborn nursery, primary care provider's office, emergency room, urgent care clinic or inpatient hospital setting



Health Level 7 for Children

- The profile also supports ambulatory and inpatient hospital care for common chronic pediatric diseases such as asthma, sickle cell disease and diabetes, as well as those with unusual social situations such as foster care, divided homes and state custody.
- It is also a key resource for the Child Health Work Group within the Certification Commission for Healthcare Information Technology (CCHIT) as the group works to define new child health certification criteria for EHR systems



Certification of EHRs for Children

- As of May 2008, the Commission for Health Information Technology (CCHIT) has introduced optional, additional certifications for ambulatory EHRs intended for use in Child Health
- The CCHIT [Child Health Work Group](#) has been convened to ensure that EHR products and networks address the health IT requirements of caring for children by developing criteria and test scripts to be added to other certification categories
- There is a need for special standards and functionalities specific to pediatric needs such as weight in the neonatal period recorded in grams

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



PHRs for Children

- There are a number of special challenges to the development and implementation of PHRs for pediatrics
- Many commercial PHRs are adult-focused and may lack important pediatric functions, such as immunization and development tracking

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



HIPAA and Privacy for children

- HIPAA considers minor children to be deserving of special protection against harm and risk exposure
- The law also expects that parents, guardians, or the state, acting in the role of parent, will make decisions on children's behalf and with their welfare
- Although information-sharing may be key to child safety and protection, there also is a strong impetus to protect children from harms resulting from the disclosure of information
- Under certain circumstances, minor children possess autonomy over certain types of health care decisions

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



HIPAA and Privacy for Children

- HIPAA defers to state law on questions of health information privacy in the case of minor children (as defined by the state)
- Federal guidance creates a presumption in favor of parental disclosure in the absence of explicit state law to the contrary
- The rule prohibits disclosure to third parties, such as health agencies, schools, and social welfare agencies, without specific consent

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



Unique Privacy Challenges for Children

- Adolescents' and parents' legal rights to access medical records vary among states and may differ depending on the content, such as psychiatric issues or reproductive health
- PHRs will need to develop multiple levels of security and to facilitate selective access to different components of the medical records
- These permissions will need to change as an adolescent ages. Once the adolescent reaches age 18, access will need to be reassessed and systems developed to ensure that the young adult controls access to his or her PHR

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



HIT and Privacy for children

- Pediatric systems need to address unique privacy issues including adolescent privacy, foster and guardian care, and consent for treatment
- State laws vary on the treatment of adolescents' rights to privacy regarding certain sensitive health information (eg, pregnancy and sexually transmitted diseases) and parental notification
- Electronic systems need to allow for differential treatment of certain protected information as needed
- Pediatric electronic systems need to have the ability to identify and to change guardian status easily for children in foster and guardian care

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



HIPAA and Privacy for Children

- HIPAA distinguishes between emancipated and unemancipated minors regarding disclosure to third parties
- Emancipated minors, like adults, must be given access to their health information and medical records, as well as the ability to obtain copies and to request corrections
- For unemancipated minors, the rule provides for parental control of information flow

http://www.pediatrics.org/cgi/content/full/123/Supplement_2/561



HIT and Enrollment

- Several states are using HIT to simplify Medicaid and SCHIP application, enrollment, and renewal practices
- Many states provide online applications and use the Internet to convey program and eligibility information to families

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008



HIT and Outreach

- There is growing state interest in using HIT to support targeted outreach to uninsured but eligible children
 - OK is building an online Medicaid enrollment Web site and providing computer kiosks in community locations, such as Food Stamp offices and hospitals
 - SC used its data system to target outreach to uninsured children using emergency rooms and found a 30% reduction in emergency room use by uninsured children the following year
 - FL is running data checks to identify and target outreach to Food Stamp households that contain children who are not enrolled in Medicaid

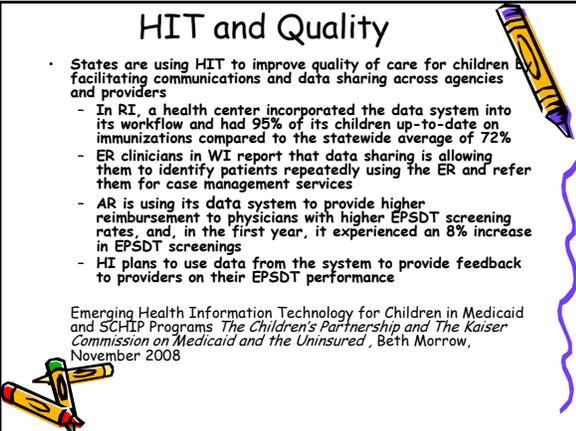
Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008



HIT and Quality

- States are using HIT to improve quality of care for children by facilitating communications and data sharing across agencies and providers
 - In RI, a health center incorporated the data system into its workflow and had 95% of its children up-to-date on immunizations compared to the statewide average of 72%
 - ER clinicians in WI report that data sharing is allowing them to identify patients repeatedly using the ER and refer them for case management services
 - AR is using its data system to provide higher reimbursement to physicians with higher EPSDT screening rates, and, in the first year, it experienced an 8% increase in EPSDT screenings
 - HI plans to use data from the system to provide feedback to providers on their EPSDT performance

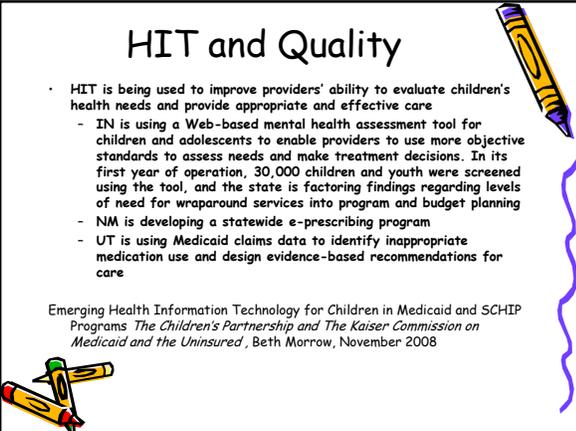
Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008



HIT and Quality

- HIT is being used to improve providers' ability to evaluate children's health needs and provide appropriate and effective care
 - IN is using a Web-based mental health assessment tool for children and adolescents to enable providers to use more objective standards to assess needs and make treatment decisions. In its first year of operation, 30,000 children and youth were screened using the tool, and the state is factoring findings regarding levels of need for wraparound services into program and budget planning
 - NM is developing a statewide e-prescribing program
 - UT is using Medicaid claims data to identify inappropriate medication use and design evidence-based recommendations for care

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008

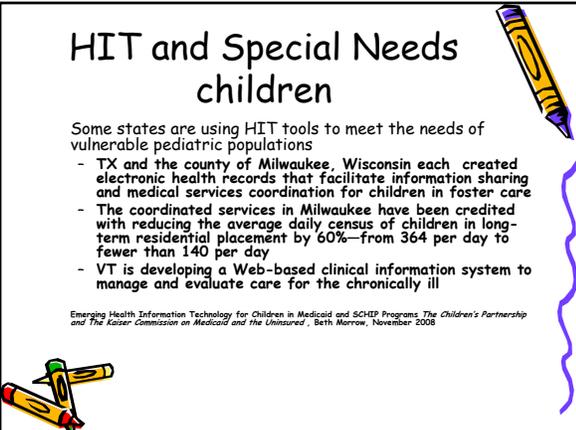


HIT and Special Needs children

Some states are using HIT tools to meet the needs of vulnerable pediatric populations

- TX and the county of Milwaukee, Wisconsin each created electronic health records that facilitate information sharing and medical services coordination for children in foster care
- The coordinated services in Milwaukee have been credited with reducing the average daily census of children in long-term residential placement by 60%—from 364 per day to fewer than 140 per day
- VT is developing a Web-based clinical information system to manage and evaluate care for the chronically ill

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008



HIT and Families

- Many states are beginning to use HIT to provide services to families to help them manage their children's health
 - CA created a statewide telemedicine network to improve access to health care in rural areas. The network currently supports 65 telemedicine sites and was used in nearly 2,000 patient encounters in 2006
 - OR is enhancing patient engagement in care by creating a personal health record that the family controls

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008




HIT and Disease Management

- HIT is also helping states educate families about their health
 - VT created a community health Web resource with information about chronic disease, health maintenance, and mental health and substance abuse as well as other concerns. Planning is underway to use this resource as a means for providing disease management tools
 - WY is reimbursing providers for educating patients about wellness, prevention, and disease management, and is distributing education and billing materials electronically to encourage providers to take on this role. Pediatricians in Wyoming are making 65% more referrals to the state's case management and health coaching program

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008




HIT and Program Planning

- Some states are using HIT to assist in program planning and undertaking significant system redesigns as a step toward modernizing their programs.
 - SC uses data from a cross-agency statistical data warehouse to evaluate the impact of public services at a population level and to design program improvements
 - AZ and AL are constructing statewide electronic health systems that will include electronic health records, as well as data-driven, outcome-focused quality improvement and clinical decision support tools

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008




Learning from Others

- There are several ways states can utilize existing resources and assets to further their HIT efforts:
 - Learn from other states
 - Use existing building blocks where possible and construct advances so they are building blocks for future development
 - Utilize financial incentives to drive positive change
 - Build the system with an eye toward the future

Emerging Health Information Technology for Children in Medicaid and SCHIP Programs: *The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured*, Beth Morrow, November 2008



2009 SCHIP Reauthorization Demonstration Projects for Improving the Quality of Children's Health Care and the Use of HIT

For FY 2009-2013, the Secretary shall award up to ten grants (for \$20 m) to States and child health providers to conduct demonstrations to evaluate promising ideas for improving the quality of children's health care provided under Medicaid or SCHIP, including projects to:

- experiment with, and evaluate the use of, new measures of the quality of children's health care
- promote the use of health information technology in care delivery for children
- evaluate provider-based models which improve the delivery of children's health care services, including care management for children with chronic conditions and the use of evidence-based approaches to improve the effectiveness, safety, and efficiency of health care services for children; or
- demonstrate the impact of the model electronic health record format for children on improving pediatric health, including the effects of chronic childhood health conditions, and pediatric health care quality as well as reducing health care costs.



2009 SCHIP Reauthorization Development of Model EHR Record Format for Children Enrolled in Medicaid or SCHIP

- By January 1, 2010, the Secretary shall establish a program (\$5 m) to encourage the development and dissemination of a model electronic health record format for children enrolled in Medicaid and SCHIP. The record must be:
 - subject to State laws, 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 interoperable exchanges that conform with Federal and State privacy and security requirements;
 - 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; and
 - capable of being incorporated into, and otherwise compatible with, other standards developed for electronic health records.



Toolkit on children and HIT



Module 1 Introduction to Children's Health IT - DRAFT

Questions to be addressed	Example Resources
What is health IT?	White paper on children's health IT importance
What is the vision for children's health and how can IT help?	Journal publications, Links to federal websites and foundation websites
How can this toolkit help?	Glossary of terms
Which modules can help me?	Press releases Leadership testimony Contact us



Module 2 Developing Pediatric Friendly EMRS - DRAFT

Questions to be addressed	Example Resources
How can we get pediatricians and stakeholders on board?	Training tools (AllKidsCount, PCIP)
How can we demonstrate ROI?	Model initiatives (RI Kidsnet, CCHIT.org)
How can we finance EMRs for pediatric practices?	Publications on EMR success (Jrnl of public health practice and management)
What does an EMR require to meet pediatric needs?	Value calculators
Are there case studies of pediatric practice EMR implementations?	e-prescribing (NHIN)





Module 3 Building a Medical Home for Children - DRAFT

Questions to be addressed	Example Resources
How can IT create a medical home?	Unique patient identifier, American Academy of Pediatrics
How do we finance a medical home?	ROI calculators, Journal articles
Medical home case studies	RI Kidsnet, AAP and AAFP

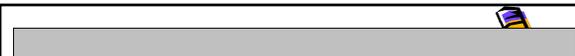




Module 4 Cross Sector Coordination and Planning for Children's Health - DRAFT

Questions to be addressed	Example Resources
How do we bridge the communication barrier between sectors?	model legislation (NGA, NCSL, Texas Legislation)
How can IT help coordinate care?	business agreements (PHII)
How can schools get involved?	school agreements (CHADIS, National Head Start)
How can we integrate immunization registries across states?	sample policies (Great Lakes Border Health Initiative, AJWI, NASMD)
How will the information be kept secure and confidential?	Sample initiatives, case studies, journal articles
How can IT assist with public health research?	clinical scenarios, HIPAA HIPAA compliance





Module 5 Facilitating Enrollment in Public Health Insurance Programs - DRAFT

Questions to be addressed	Example Resources
How can we foster seamless communication between states? Intra-state and inter-state	model systems or initiatives (Massachusetts Health Plan)
How can we promote cross-state collaboration on enrollment?	agreements between states, Reports, Journal articles (NASMD Children's Partnership)
How can we demonstrate ROI?	evidence of ROI (CBO article by Peter Orsack, ROI calculators)



Module 6 Involving Family Members in Their Child's Healthcare - DRAFT	
Questions to be addressed	Example Resources
How can IT enhance communication with families?	USPSTF, GrowUpHealthy
How can IT help create a longitudinal patient record?	Birth certificate information (Healthy Start)
How can IT improve patient tracking? PHR, patient portals, etc	Case studies, Existing toolkits
How can we equip families with knowledge and tools to improve their children's health?	PHR initiatives (Indivo system, HealthyCity, PatientsLikeMe)

Module 7 Improving Quality with Children's Health IT - DRAFT	
Questions to be addressed	Example Resources
How can IT improve quality?	EMR installation, case studies (KIAS)
How can we improve efficiency of care delivery?	Sample policies (GrowUpHealthy, PCIP)
How can we improve health promotion and disease prevention?	www.aapd.org , journal articles
How can we optimized behavioral health?	NYC Dept of Health and Mental Hygiene

Module 8 Advanced Topics on Leadership and Organizational Design - DRAFT		
Questions to be addressed	Example Resources	Specific Resources Indicated in Meeting
What are the necessary leadership characteristics to improve children's health using health IT?	Need to be developed	Need to be developed
What are the organizational design features that can best promote cross-organizational use of health IT to improve children's health?	Need to be developed	Need to be developed

Contributing Resources to the Toolbox

- If you have resources that you would like to contribute to any of these areas please contact:
- Sophie Miller (miller-sophie@norc.org)
- Chris Dymek (dymek-chris@norc.org)



Telehealth Vision

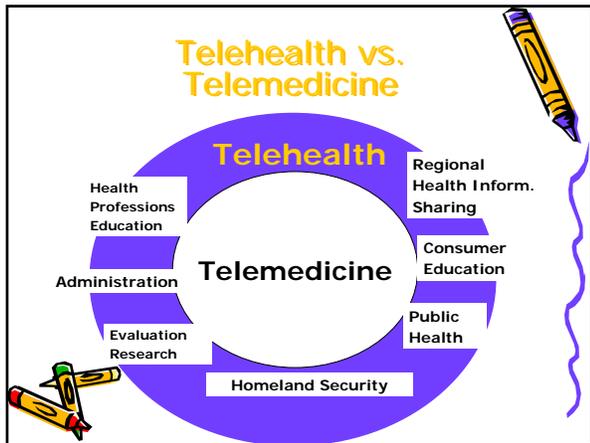
NO MATTER WHO YOU ARE
OR
WHERE YOU ARE
YOU GET THE HEALTH CARE YOU
NEED
WHEN YOU NEED IT



Definitions

- **Telemedicine:** The use of Telecommunications and information technologies to provide clinical services when distance separates the participants.
- **Telehealth:** The use of telecommunications and information technologies to support health care services when distance separates the participants.





A Different Kind of Toolbox

- *Telehealth can be thought of as a tool box of technologies applied to diverse health care needs in a wide range of settings to connect people to improve access to health care services.*



ANGELS Program

- The Antenatal and Neonatal Guidelines, Education and Learning System uses interactive video technology in weekly telemedicine conferences that enable local physicians to confer with maternal-fetal medicine specialists in real-time about individual cases.
- Ultrasounds can be read in real-time, and ANGELS offers assistance in training local technicians.
- Clinical telemedicine consultations are available that allow patients, local physicians, and UAMS physicians to talk together and see each other, bringing subspecialty support directly to hometowns.



ANGELS Program con't

- ANGELS also provides a call center to provide 24-hour support for physicians to consult with maternal-fetal medicine specialists when requested regarding patient management issues.
- As part of the ANGELS outreach effort, women seeking support for concerns related to their pregnancy, labor and delivery, or post-partum course can also utilize the services of the call center.



TeleKidcare



TeleKidcare

- TeleKidcare uses telemedicine technology to "bring the doctor to the school".
- This unique health care delivery system has proven effective in overcoming significant access issues including socio-economic condition, transportation availability, and language barriers in both urban and rural settings.
- TeleKidcare enables school children with acute or chronic health care conditions or mental/behavioral health concerns to "see" the doctor from the convenience of their school nurse's office.



Child Abuse and Telemedicine



Child Abuse and Telemedicine

- Program of University of Florida, Jacksonville and Florida Child Protective Services
- Statewide, 23 child protective teams, available 24/7
- Teams composed of physicians, nurse practitioners, physicians assistants, case coordinators who remotely evaluate children



Child Abuse and Telemedicine

- Children admitted to hospitals
- Evaluate physical, mental abuse, and neglect
- All ages appropriate
- Utilize video conferencing and still cameras, scopes, etc



Children With Special Health Care Needs



Children With Special Health Care Needs

- Provider shortages also present substantial barriers to care for children with special health care needs, who often
- require care from a multidisciplinary team of providers, including pediatric subspecialists.
- Nationally, 13.9 percent of children had a special health care need in 2005/06.
- The result is that, with limited alternatives, low-income
- Parents, especially in rural areas are more likely to rely on emergency department services to care for their child, see a primary care doctor who may not have the skills or expertise to treat their child.



Dentistry



Teledentistry

- University of Rochester, has established telehealth centers in six inner-city elementary schools and seven child-care centers.
- Using an intraoral camera, telehealth assistants record digital images of children's teeth and send the images to a computer at the expert dental site at the University of Rochester, where a pediatric dentist reviews the images, and provides referral and treatment recommendations.
- The telehealth assistant contacts the child's parents or guardians and assists them to obtain appropriate dental care for their child.
- In the first nine months of 2005, 123 children were screened, with 40% of the children screened in inner-city child care centers having active caries.



Emergency Care



Emergency Care

- Telemedicine is increasingly being used in rural and remote areas that do not have the volume of pediatric patients or resources to support pediatric emergency and critical care services. care needs of these hospitals.⁴⁰ For example,
- UC Davis Children's Hospital in Sacramento, California has used telemedicine to facilitate the availability of emergency and critical care consultations to a rural hospital in Northern California 24 hours a day, 7 days a week



Emergency Care (con't)

- Telemedicine equipment is installed at UC Davis' pediatric intensive care unit and in the homes of its pediatric critical care physicians.
- Telemedicine has improved quality of care.
- It allows children to be screened in their own communities, often avoiding costly and traumatic transfers to the tertiary center and allowing them to stay with their families.
- Consulting with pediatric critical care physicians via telemedicine can also help the referring hospital to stabilize a child before and during transfer to a pediatric emergency services department.



Family Voices

- Project designed to inform families about telemedicine's potential to enhance the way families get health care and services for their children, especially children with special health care needs. Two major products produced that have assisted families and state chapters advocating for and accessing telehealth services.
- **Bridges Not Boundaries.**
 - A 10-page booklet for families which includes a report summary, a Family Checklist of Questions to Ask, a Family Satisfaction Questionnaire, Recommendations from Family Voices, and further Questions.
- **Family Voices in SCHIP Telemedicine Report.**
 - 44-page report detailing the features of many of the programs and issues about the importance and suitability of telemedicine for children with special health care needs.



OAT FY 09 Grant Opportunities

- Office for the Advancement of Telehealth offers the following grant opportunities in FY 09:
- Telehealth Network Grant Program
Release Date: January 8, 2009
- Licensure Portability Grant Program
Release Date: January 5, 2009
- Telehealth Resource Center Grant Program
Anticipated Release Date: February 23, 2009



FY 2006 Telehealth Resource Center Grantees/States Covered

- California Telemedicine and eHealth Center: California
- Northeast Telehealth Resource Center (Medical Center at Lubec): Maine, Vermont, New Hampshire, Massachusetts
- Midwest Alliance for Telehealth and Technologies Resources (Marquette Hospital): Michigan, Kansas
- Northwest Regional Telehealth Resource Center (St. Vincent Foundation): Alaska, Hawaii, Idaho, Montana, Oregon, Utah, Washington State, Wyoming
- Great Plains Telehealth Resource and Assistance Center (Avera Rural Health Institute): North Dakota, South Dakota, Nebraska, Minnesota
- Center for Telehealth and E-Health Law: National Center



Website/Portal

- Telehealth section of the Portal under development.
- Toolkit should be available Summer, 2009
- HRSA Telehealth Website:
<http://www.telehealth.hrsa.gov>
- Guide to Getting Started in Telemedicine found at:
<http://www.hrsa.gov/telehealth/publications.htm>



The Impact of Telehealth: Vision Fulfilled



Contact Information

Cheryl Austein Casnoff, MPH
Associate Administrator
DHHS/HRSA/OHIT
5600 Fishers Lane, 7C-22
Rockville, MD 20857
Phone: 301-443-0210
Fax: 301-443-1330
Caustein-casnoff@hrsa.gov



Contact Information

Dena S. Puskin, Sc.D.
Director
Office for the Advancement of Telehealth
DHHS/HRSA/OHIT
5600 Fishers Lane, 7C-22
Rockville, MD 20857
Phone: 301-443-3682
Fax: 301-443-1330
dpuskin@hrsa.gov



Questions and Answers

Thank you for attending this event.
Please complete the evaluation directly
following the Webcast.
Archives of the event are located at:
www.mchcom.com