Promoting Prevention Through Information Technology

Assessment of Information Technology in Association of Health Center Affiliated Health Plans

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ACHP
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AHCAHP Association for Health Center Affiliated Health Plans

Association of Health Center Affiliated Health Plans

The Association for Health Center Affiliated Health Plans (AHCAHP) supports managed care plans that are owned by, or affiliated with, community health centers and primarily serve Medicaid and State Children's Health Insurance Program (SCHIP) populations. Now in its fourth year, AHCAHP currently represents 18 Medicaid and SCHIP focused health plans which collectively account for over 1.5 million beneficiaries, over 25 percent of all the beneficiaries in Medicaid and SCHIP focused health plans nationally.

The AHCAHP mission and purpose is to improve the health of medically underserved populations through the development, survival, promotion and growth of community health center affiliated health plans.

Alliance of Community Health Plans

Founded in 1984 as The HMO Group, the Alliance of Community Health Plans (ACHP) members have worked together for nearly 20 years to improve the availability of high quality and affordable health care in the United States. In recent years, ACHP has also focused on policy and communications to foster greater understanding of and support for the contributions of this important sector of health care.

The members are a select group of innovative health plans and provider organizations that serve more than 12 million Americans in the employer, individual, Medicare and Medicaid markets. They are characterized by a stronger relationship between the health plan and providers than is the case in many other health plans; none are investor-owned.

The mission of ACHP is to promote the highest standards of health care quality and health improvement through collaborative learning, innovation and advocacy. ACHP and its members seek to transform health care so that it is safe, effective, patient-centered, timely, efficient and equitable.

Alliance of Community Health Plans Foundation

The ACHP Foundation is dedicated to research to enhance the quality of health care in the United States. As a 501(c)(3) corporation, the ACHP Foundation is a publicly supported organization, with a number of projects funded by the U.S. Centers for Disease Control and Prevention. The Foundation seeks to disseminate information and facilitate dialogue about initiatives to foster improvements in health and health care quality.

Promoting Prevention Through Information Technology: Assessment of Information Technology in Association of Health Center Affiliated Health Plans

TABLE OF CONTENTS

EXECUTIVE SUMMARY

In July and August of 2003, the Alliance of Community Health Plans (ACHP) and the Association for Health Center Affiliated Health Plans (AHCAHP) collaborated on a health plan information technology and preventive health assessment. The purpose of the assessment was to measure the extent to which Medicaid-only, health center affiliated health plans use information technology (IT) to support preventive health care services. The assessment was completed and returned by 12 (67 percent) of the 18 AHCAHP member plans. Highlighted results include:

- All the plans that responded to the assessment use IT to support preventive health activities for members.
- Plans report using IT systems to support numerous activities and processes, such as utilization management, disease management and targeted mailings to members.
- Approximately two-thirds of plans use IT systems to generate preventive health reminders that are sent directly to members.
- Nearly all plans use pharmacy data to trigger or prompt specific actions designed to support the delivery of preventive health services to members (e.g., identification of members for disease management and health promotion programs).
- The vast majority of plans integrate claims and/or encounter data with other IT systems (e.g., eligibility, pharmacy) to promote preventive services.
- Although none of the plans can access clinical records from an electronic medical record (EMR) or a provider's secure data warehouse, plans reported being electronically connected to a variety of provider types.
- It is not common for plans to provide incentives for increasing connectivity or utilization of IT among community health centers or other providers.
- Plans report a number of barriers to encouraging providers to increase connectivity to improve preventive services, including insufficient staff and funding.
- Although few plans reported performing return-on-investment (ROI) or cost-benefit analysis before allocating current IT resources to preventive health programs, the majority of plans indicated that they would perform ROI or similar analyses before allocating future IT resources.
- The types of IT investments that plans intend to make over the next two years are expected to yield improvements in enrollment and eligibility systems, web-based functionality for members, and claims and encounter systems.
- Although AHCAHP plans are similar to ACHP plans in their overall use of IT to support preventive health services, AHCAHP plans are less likely to use electronic medical records, e-mail or the Internet as a primary strategy for exchanging preventive health information.

INTRODUCTION

In *Crossing the Quality Chasm: A New Health System for the 21st Century,* the Institute of Medicine (IOM) recognized and highlighted the strong link between information technology (IT) systems and quality of care.[1] In fact, the IOM identified inadequate use of IT as one of four underlying forces contributing to the chasm in quality of care.

As part of the report, the IOM committee called for a nationwide commitment of all stakeholders to build an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical education.

Overall, the IOM report concluded that IT must play a central role in the redesign of the health care system if substantial improvements in health care quality are to be achieved during the coming decade. Partially in response to the IOM report, the U.S. Centers for Disease Control and Prevention (CDC) funded a series of assessments designed to describe the extent to which health plans use IT systems to promote or improve preventive health care services.

In February of 2003, the Alliance of Community Health Plans (ACHP) conducted an assessment of its member health plans as part of a cooperative agreement with the CDC focused on use of IT by health plans to support and improve the delivery of preventive health services.[2] The results of that assessment prompted interest in examining the differences between ACHP health plans that serve a broad segment of the market (employer and individual markets, and public programs such as Medicare and Medicaid) with plans those that serve non-commercially insured populations, particularly Medicaid beneficiaries.

During the summer of 2003, ACHP collaborated with the Association for Health Center Affiliated Health Plans (AHCAHP) on an assessment of the use of IT to support preventive health care services by Medicaid health plans affiliated with health centers.

This report has been developed to provide an overview of the AHCAHP assessment, describe the major findings, and compare the findings with the results of the ACHP assessment. The information contained in this report should advance the current state of knowledge about the ways in which health plans, especially Medicaid plans affiliated with health centers, use IT to enhance the delivery of preventive health services.

[1] Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century,* National Academy Press, Washington DC, 2001.
[2] Alliance of Community Health Plans, *Promoting Prevention Through Information Technology: Assessment of Information Technology in ACHP Plans*, Washington DC, February 2003.

METHODS

The assessment tool was adapted from the tools used in the IT assessments conducted by ACHP and the American Association of Health Plans (AAHP). The AHCAHP assessment consisted of approximately 60 questions designed to collect information on topics including:

- Medical Management and Decision Support;
- Internet and e-Health;
- Pharmacy and Prescription Data;
- Claims and Encounter Data;
- Electronic Connectivity with Providers; and
- Leadership and Investment.

Invitations to participate in the assessment were sent from the executive director of AHCAHP to each of the organization's 18 member plans. Most frequently, the invitation was addressed to the chief information officer. The invitation described the purpose of the project and included information about completing and returning the assessment via e-mail or fax. Of the 18 plans that were invited to participate, 12 (67 percent) completed and returned the assessment.

Collectively, plans that responded to the assessment served approximately 923,000 Medicaid beneficiaries. Plans ranged in size from 12,000 to 145,000 beneficiaries. The average (mean) plan size was 77,000 beneficiaries. The plans that responded to the assessment represented a variety of geographic areas and included communities in California, Connecticut, Colorado, Massachusetts, Maryland, New York, Rhode Island and Washington.

Data collected from the assessment were entered into an analytic database and descriptive analyses were performed in SPSS.

A copy of the assessment tool is available at the AHCAHP website, www.ahcahp.org.

RESULTS

Medical Management and Decision Support

All of the plans that responded to the assessment use IT to support preventive health activities for members. Plans use a wide variety of information to support preventive health activities. Eleven of the twelve plans that responded to the assessment use information from enrollment and eligibility systems, claims and encounter systems, and pharmacy systems to support the delivery of preventive services. Ten use data from disease management programs, utilization management systems and patients themselves.

Plans reported using IT systems to support numerous activities and processes, such as utilization management, disease management and targeted mailings to members (Table 1).

Table 1. Plan Activities and Processes Supported by IT Systems (N=12)

	%	N
Utilization Management	100.0	12
Disease Management	91.7	11
HEDIS® Data Collection	91.7	11
Targeted Mailings	91.7	11
Prevention Outreach	83.3	10
Quality Management/Quality Improvement	83.3	10
Health Risk Assessment	75.0	9
Pharmacy Drug Review	75.0	9
Health Promotion	58.3	7
Clinical Stratification	50.0	6

Nearly all plans (92 percent) reported having one or more IT databases that reference clinical criteria, guidelines or protocols. While plans reported a variety of methods used to communicate clinical criteria, guidelines and protocols to providers, e-mail and electronic newsletters are seldom used and only one of the most widely used methods is related to IT (Table 2).

Table 2. Methods Used by Plans to Communicate Clinical Criteria, Guidelines and Protocols to Providers (N=12)

	%	N
Printed Newsletters	75.0	9
Plan Website	66.7	8
Provider Meetings	66.7	8
Printed Letters	66.7	8
E-Mail	16.7	2
Electronic Newsletters	16.7	2

Eight of the 12 plans use IT systems to generate preventive health reminders that are sent directly to members. Among the plans that use IT systems to generate such reminders, all use claims and encounter data, seven use enrollment and eligibility data, six use utilization data, and four use pharmacy data. All plans reported using printed letters to communicate or distribute IT-generated preventive service reminders to members. In addition, five use the telephone and one uses e-mail.

The majority of plans (83 percent) use data in the IT system to trigger preventive service prompts or reminders for providers that are specific to his or her practice. Among plans that generate provider practice-specific reminders, a wide variety of data systems are used (Table 3).

Table 3. Types of Data Used to Trigger Preventive Service Prompts and Reminders to Providers (N=10)

	%	N
Claims/Encounter	100.0	10
Pharmacy	90.0	9
Utilization	80.0	8
Enrollment/Eligibility	70.0	7
Quality Improvement/Quality Management	50.0	5
HEDIS®	50.0	5
Laboratory	10.0	1

All of these plans use printed letters as one of their preferred methods of communicating IT-generated preventive service reminders to providers. Few plans use other methods, such as fax or telephone (20 percent). Even fewer plans use IT-related methods of communication such as e-mail or provider-only web portals (10 percent).

The vast majority of plans (83 percent) use data in IT systems to assist the state Medicaid agency to improve the health of beneficiaries. The types of data most commonly used by plans to assist the state in this effort include claims and encounter data (100 percent), HEDIS® data (90 percent), enrollment and eligibility data, quality improvement data, and pharmacy data (70 percent each). Utilization data is used by 60 percent of plans and health risk assessment (HRA) data is used by half of the plans. Plans reported using a wide variety of methods to communicate or distribute IT-generated information and analyses to the state Medicaid agency (Table 4).

Table 4. Methods Used to Communicate or Distribute IT-Generated Information and Analyses to the State Medicaid Agency (N=10)

	%	N
E-Mail	50.0	5
Printed Letters	40.0	4
State-Only Web Portal	40.0	4
Phone	20.0	2
Fax	10.0	1

Internet and e-Health

The majority of plans that responded to the assessment reported using the Internet (i.e., health plan website) to communicate general prevention, condition-specific, and age/sex-specific preventive health information to members and providers (Table 5).

Table 5. Types of Preventive Health Information Communicated by Health Plans Via the Internet (N=12)

	To Members		To Providers	
	%	N	%	N
General Prevention	58.3	7	83.3	10
Age and Sex Specific	50.0	6	75	9
Condition Specific	50.0	6	66.7	8
Member Specific	8.3	1	8.3	1
Profiles or Reports	0	0	8.3	1
Interactive Information	25.0	3	33.3	4

Few plans use the Internet to communicate specific preventive health information to the state Medicaid agency. While one-third of plans reported using the Internet to communicate general prevention information to the state, even fewer plans use the Internet to communicate other preventive health information to the state.

It is relatively uncommon for plans to measure the effectiveness of their use of the Internet in communicating preventive health information. Four plans that responded to the assessment reported measuring the effectiveness of their use of the Internet with members and providers, and only two plans measure the effectiveness of their use of the Internet with the state.

Methods used for evaluating effectiveness include monitoring website use (i.e., web hits) and informal surveys. Among the four plans that measure effectiveness, none of the plans consider their use of the Internet to be effective in communicating preventive health information to members or providers. Two of these four plans consider their use of the Internet to be effective in communicating preventive health information to the state.

Pharmacy and Prescription Data

Nearly all the plans that responded to the assessment contract with a pharmacy benefits manager (PBM) to oversee their pharmacy operations. Half of all plans reported that they contract with a PBM for all pharmacy operations and 41 percent contract with a PBM for some pharmacy operations. A wide variety of information is included in the pharmacy or PBM system (Table 6).

Table 6. Information Included in Pharmacy or PBM IT Systems (N=12)

	%	N
Member-Specific Information		
Name of Drug Prescribed	100.0	12
Prescription Dose	100.0	12
Prescription Frequency	100.0	12
Prescriptions Written	58.3	7
Drug Interactions	66.7	8
Filled Prescriptions	83.3	10
Unfilled Prescriptions	50.0	6
Provider-Specific Information		
Name of Drug Prescribed	100.0	12
Prescription Dose	83.3	10
Prescription Frequency	83.3	10
Prescriptions Written	58.3	7
Drug Interactions	50.0	6
Filled Prescriptions	75.0	9
Unfilled Prescriptions	41.7	5

The majority of plans (92 percent) access pharmacy data from the PBM and all plans reported integrating pharmacy data with a variety of other IT databases or systems to promote preventive services (Table 7).

Table 7. Systems Integrated with Pharmacy Data for Promoting Preventive Services (N=12)

	%	N
Claims/Encounter	100.0	12
Enrollment/Eligibility	91.7	11
Patient Supplied Data	25.0	3
Other	8.3	1

Nearly all plans (92 percent) use pharmacy data to trigger or prompt specific actions designed to support the delivery of preventive health care services. The types of actions triggered by pharmacy data include identification of members for disease management and health promotion programs, evaluating utilization, and managing internal quality

improvement efforts. However, relatively few plans use pharmacy data in the IT system to identify patient safety issues or send health reminders to members (Table 8).

Table 8. Specific Actions Triggered by Pharmacy Data in IT Systems (N=11)

	%	N
Identify Members for Disease Management Programs	100.0	11
Evaluate Utilization	90.9	10
Identify Members for Health Promotion Programs	81.8	9
Internal Quality Improvement Efforts	81.8	9
Targeted Information for Members	63.6	7
Prescription Profiles to Providers	54.5	6
Patient-Specific Reminders to Providers	45.5	5
Identify Patient Safety Issues	36.4	4
Reminders to Members	18.2	2

Pharmacy data are used to enhance preventive services related to a wide variety of conditions and activities, including asthma, diabetes, and over or under use of antibiotics (Table 9).

Table 9. Conditions or Activities in Which Pharmacy Data Are Used to Enhance Preventive Services (N=12)

	%	N
Asthma	91.7	11
Diabetes	83.3	10
Over/Under Use of Antibiotics	58.3	7
Depression	50.0	6
Adult Immunization	33.3	4
Smoking Cessation	33.3	4
Hypertension	33.3	4
AIDS	33.3	4
Congestive Heart Failure	16.7	2

Claims and Encounter Data

Nearly all plans (92 percent) report integrating claims and/or encounter data with other databases or IT systems to promote preventive services. The databases or IT systems that plans integrate with claims and encounter data include eligibility, pharmacy, and other systems (Table 10).

Table 10. Systems Integrated with Claims/Encounter Data for Promoting Preventive Services (N=11)	%	N
Eligibility	91.0	10
Pharmacy / Prescription	91.0	10
Patient Supplied Data	27.0	3
Other	27.0	3

Virtually all plans (92 percent) reported having a data warehouse. Among plans that have a data warehouse, 73 percent run it internally, 9 percent outsource responsibility for running the warehouse, and 18 percent use a combination of these two approaches (some aspects managed internally and others outsourced). All plans that reported having a data warehouse indicated that they use it to evaluate preventive care services.

All plans reported using claims and encounter data to trigger actions for preventive services, such as identifying members for disease management programs, evaluating utilization, and enhancing internal quality improvement programs (Table 11).

Table 11. Specific Actions Triggered by Claims and Encounter Data in IT System (N=12)	%	N
Identify Members for Disease Management	100.0	12
Evaluate Utilization	91.7	11
Internal Quality Improvement Efforts	83.3	10
Patient-Specific Reminders to Providers	75.0	9
Targeted Information for Members	66.7	8
Targeted Information for Providers	66.7	8
Reminders to Members	50.0	6
Identify Patient Safety Issues	41.7	5
Reports to Purchasers	16.7	2
Identify Members for Health Promotion Programs	8.3	1

Claims and encounter data are used to monitor and improve outcomes for numerous preventive services, including prenatal care, childhood immunization, and cancer screenings (Table 12).

Table 12. Plans Using Claims and Encounter Data to Measure and Improve Outcomes for Preventive Services (N=12)

	%	N
Prenatal Care	91.7	11
Cancer Screenings	83.3	10
Childhood Immunization	83.3	10
Adolescent Immunization	66.7	8
Chlamydia Screening	33.3	4
Smoking Cessation	33.3	4
Adult Immunization	25.0	3
Obesity Assessment	25.0	3
Osteoporosis Assessment	8.3	1

Electronic Connectivity with Providers

Most plans (83 percent) allow providers, including physician offices and hospitals, to submit electronic claims. Plans report that 33 percent of community health centers submit all claims electronically, 58 percent submit some claims electronically, and 8 percent do not submit any claims electronically.

Although none of the 12 plans that responded to the assessment can access clinical records from an electronic medical record (EMR) or a provider's secure data warehouse, 92 percent of plans reported being electronically connected to community health centers, 83 percent reported being electronically connected to hospitals, and 75 percent reported being electronically connected to private physician offices. Plans reported that their electronic connections to various types of providers enable numerous functions to be completed over the Internet, including claims submission, online eligibility verification, and referral approvals (Table 13).

Table 13. Ways in Which Plans Are Electronically Connected to Specified Types of Providers	%	N
Community Health Centers (N=11)		
Claims Submission	63.6	7
Online Eligibility Verification	54.5	6
Referral Approval	45.5	5
Access to Pharmacy Formulary	45.5	5
Claims Payment Status	36.4	4
Pre-Authorizations	27.3	3
Electronic Funds Transfer	18.2	2
Hospitals (N=10)		
Claims Submission	50.0	5
Online Eligibility Verification	60.0	6
Referral Approval	40.0	4
Access to Pharmacy Formulary	50.0	5
Claims Payment Status	30.0	3
Pre-Authorizations	30.0	3
Electronic Funds Transfer	30.0	3
Private Physician Offices (N=9)		
Claims Submission	66.7	6
Online Eligibility Verification	66.7	6
Referral Approval	44.4	4
Access to Pharmacy Formulary	55.6	5
Claims Payment Status	44.4	4
Pre-Authorizations	33.3	3
Electronic Funds Transfer	22.2	2

Among plans responding to the assessment, it is uncommon to work with providers for the purpose of increasing connectivity and utilization of IT. It is also uncommon to provide incentives aimed at increasing connectivity or utilization of IT among community health centers or other providers.

Plans report a number of barriers to encouraging providers to increase connectivity to improve preventive services, including insufficient plan staff, insufficient funding, competing priorities and plan time constraints (Table 14).

Table 14. Plan Reported Barriers to Encouraging Providers to Increase Connectivity to Improve Preventive Services (N=12)

	%	N
Insufficient Plan Staff	41.7	5
Insufficient Funding	41.7	5
Competing Priorities for Plan	33.3	4
Time Constraints for Plan	33.3	4
Low Priority for Providers	16.7	2
Competing Priorities for Providers	8.3	1
Provider Disinterest	8.3	1
Low Priority for Plan	8.3	1
Time Constraints for Providers	8.3	1

Leadership – Investment

Plans reported that the responsibility for making recommendations and decisions about current and future application of IT resources was most frequently granted to the executive leadership team, including the chief medical officer, chief information officer, chief operating officer, and chief executive officer.

Although very few plans (16.7 percent) reported performing return-on-investment (ROI), payback or cost-benefit analysis before allocating current IT resources to prevention programs, the majority of plans (75 percent) indicated that they would perform such analyses before allocating future IT resources. Eighty-nine percent of the plans that indicated that they would perform ROI or similar analyses indicated that the results would be important or very important in determining future investments in IT.

Plans indicated that using future IT resources to support preventive services is a priority and they intend to make investments in a variety of IT systems that are used to promote preventive health services.

The types of investments that plans intend to make in IT resources over the next two years are expected to yield improvements in enrollment and eligibility systems, web-based functionality for members, and claims and encounter systems (Table 15).

Table 15. Investments Plans Intend to Make in IT Resources During the Next Two Years (N=9)

	%	N
Enrollment and Eligibility Systems	88.9	8
Web-based Functionality for Members	88.9	8
Claims and Encounter Systems	77.8	7
Web-based Functionality for Providers	66.7	6
Disease Management Systems	66.7	6
Systems to Identify Patient Safety Issues	44.4	4
Systems for Acquiring and Using Patient Supplied Data	44.4	4
Systems for Providing Aggregate Data to Purchasers	33.3	3
Electronic Medical Records	33.3	3

Plans reported a variety of conditions or circumstances that would drive additional investment in IT resources for preventive health, including government incentives and mandates, competitive pressure, rising health care costs, and increased provider interest in using IT to support the delivery of preventive health care services (Table 16).

Table 16. Conditions or Circumstances that Would Drive Additional Investments in IT Systems (N=12)

	%	N
Government Incentives	91.7	11
Government Mandates	75.0	9
Competitive Pressure	75.0	9
Rising Health Care Costs	75.0	9
Increased Provider Interest	66.7	8
New IT Tools and Software	50.0	6
Higher Confidence that IT "Pays Off"	33.3	4
Provider Cost-Sharing	33.3	4
Increased Purchaser Interest	8.3	1
Purchaser Cost-Sharing	8.3	1
Lower Health Care Costs	8.3	1

Plans also reported needing a wide variety of information and resources to improve use of IT to support preventive health services and activities (Table 17).

Table 17. Information or Resources Needed by Plans to Improve Use of IT to Support Preventive Health Activities (N=12)

	%	N
Hire More IT Professionals	66.7	8
Upgrade Provider IT Infrastructure	50.0	6
Measure Success	41.7	5
Upgrade Plan IT Infrastructure	25.0	3
Educate Clinical Staff	25.0	3

Finally, plans reported that they have many priorities related to supporting preventive health services and activities for members, including improving provider and member outreach, hiring additional IT professionals, expanding current preventive health initiatives, and implementing new initiatives (Table 18).

Table 18. Plan Priorities for Supporting Preventive Health Services and Activities for Members (N=12)

	%	N
Improve Provider Outreach	75.0	9
Improve Member Outreach	75.0	9
Hire More IT Professionals	66.7	8
Expand Current Initiatives	66.7	8
Implement New Initiatives	66.7	8
Sustain Current Initiatives	66.7	8
Improve IT Integration Between Plan and Providers	58.3	7
Upgrade Provider IT Infrastructure	50.0	6
Measure Success	41.7	5
Expand Plan IT Resources	33.3	4

CONCLUSIONS

The results of the 2003 assessment of information technology in Association of Health Center Affiliated Health Plans indicate that Medicaid plans affiliated with health centers are using IT systems to support preventive health care services in a variety of ways.

Consistent with the results of the ACHP assessment of health plans serving commercially insured populations, all plans that responded to the AHCAHP assessment report using IT systems to support preventive health activities for members. Similarly, nearly all plans use IT to support activities such as disease management, targeted prevention mailings to members, and prevention outreach. In addition, plans use numerous integrated IT databases and systems to promote preventive health services. For example, nearly all plans use IT data from the pharmacy system to enhance preventive services related to one or more conditions, such as asthma and diabetes.

Despite the relatively wide use of IT systems to support preventive health services, our findings indicate that AHCAHP plans are less likely than ACHP plans to use data in IT systems to create preventive services prompts or reminders that are sent directly from the plan to members. This could be due to the higher degree of mobility and associated difficulty with maintaining accurate contact information for Medicaid beneficiaries, as compared with commercially insured populations.

AHCAHP plans are also less likely to use e-mail and/or the Internet as a primary strategy for sharing preventive health information with members and providers. It is also noteworthy that none of the plans in the AHCAHP assessment reported being able to access clinical records from an electronic medical record (EMR) or a provider's secure data warehouse. In contrast, 60 percent of the plans in the ACHP assessment reported use of EMRs for specific cohorts and/or certain types of information. In part, this may be explained by the fact that many of the plans in the ACHP assessment are group and staff model plans, and many of them are considered to be industry leaders in the development and use of EMRs.

It is interesting to note that even among the Medicaid health plans represented in this assessment, several plans reported their intent to increase web-based functionality for members and one of the plans reported that they already use e-mail to communicate or distribute IT-generated preventive service reminders to members. Although this finding is consistent with future developments reported by commercial plans in the ACHP assessment, the finding is notable in the AHCAHP assessment because all AHCAHP plans solely serve Medicaid beneficiaries who may be less likely to have access to computers and e-mail accounts.

The types of barriers faced by plans in the AHCAHP and ACHP assessments are similar. Plans in both assessments reported facing numerous barriers to enhancing preventive health services through use of IT. In particular, insufficient staff and funding were identified as important barriers in both the ACHP and AHCAHP assessments.

There are several important opportunities for health center affiliated plans to enhance their use of IT to support the delivery of preventive health care services to Medicaid beneficiaries. For example, relatively few plans in the AHCAHP assessment reported using pharmacy data or claims/encounter data to identify patient safety issues. Although comparable data were not obtained as part of the ACHP assessment, it is likely that most commercial plans use pharmacy data to identify safety issues such as drug interactions, overmedication, and non-compliance issues.

Another important opportunity lies in the development and increased use of EMRs. By linking patient health information, provider notes, results from radiology and lab tests, and pharmacy information, EMRs hold tremendous promise for improving the delivery of preventive health care services and reducing medical errors. Unfortunately, very few plans in the AHCAHP assessment reported use of EMRs.

Despite the challenges that exist and opportunities for improvement, the overall results of the AHCAHP assessment indicate that health center affiliated plans are using IT systems to support preventive health care services for Medicaid beneficiaries.

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