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Children's Division Maintaining Medical Records Report

1st Semiannual

Report for December 5, 2019 – June 30, 2020

Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, early child care, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for twenty-four (24)-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care. An efficient medical records system can provide the medical information needed to support proper care.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory test results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the provider's ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

A medical records system may be paper or electronic. A paper medical records system consists of physical documents that are placed in a file or folder. An electronic medical records system consists of medical information entered into a computer or other digital device.

This report documents the commitment of the Children's Division to the development and operation of a statewide system to maintain medical records and/or medical information for each child in its custody. The medical records system must operate and maintain all medical records consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical record are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security system. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its custody. Developing, operating, and maintaining a medical records system is a vital and essential service for each child. The medical records system can provide prescribers, the child, parent(s), placement providers, and case managers with enough current and historical information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains Children's Division current efforts to maintain medical records and their plans to implement a medical records system.

Current Efforts for Maintaining Medical Records

The Children's Division initial action plan was to establish a unit to assess the existing medical records system. The Health Information Specialist unit was created to gather and maintain medical records. The Health Information Specialist unit consists of a Health Information Coordinator, two managers, 12 specialists [six specialist per team] and a Program Development Specialist. At least one Health Information Specialist team member is located in each region of the State.

The Health Information Specialists reviewed Children's Division policy which required medical documents for children in custody to be stored in the case manager's physical paper file or in the Children's Divisions document imaging system called "OnBase." The case manager is required to keep a physical paper file of all medical documents. The physical file is located in the case manager's home office and is securely stored in accordance with Council on Accreditation (COA) standards.

All of the medical documents in OnBase are scanned or uploaded through electronic mail and placed in the child's OnBase file using their individually assigned client, call/case, or resource provider number and payment requests. Documents can be uploaded, viewed and retrieved by Children's Division and contracted staff.

The Health Information Specialist teams gather medical documents and maintain these documents in OnBase. The Health Information Specialists collaborated with case managers to obtain the medical documents for children in foster care who are prescribed a psychotropic medication. The primary methods to acquire the medical documents are: accessing Medicaid claims data, requesting information from current and past medical care providers known to Children's Division, reaching out to the child's health insurance plan, gathering records from past foster care episodes, and gathering records and information from parents (whose rights have not been terminated) or guardians and other family members involved in the child's health care. The Health Information Specialist team established a medical fax service with Biscom in January 2020. The Biscom fax servers can be used to send outbound electronic faxes and receive inbound electronic faxes. This fax service allows the Health Information Specialist team to respond to medical information requests in a timely manner, which can expedite the review of the use of a psychotropic medication and/or treatment request for a child.

The Health Information Specialist team established a Memorandum of Agreement in January 2020 to access the Missouri's immunization information system called "ShowMeVax." The ShowMeVax system is a centralized resource for tracking an individual's immunization history and status. ShowMeVax is available 24/7 for health care professionals, schools, and child care organizations. This resource allows staff to obtain information to add to the child's medical record and provides quick access to the immunization record which can be shared with the case manager and resource providers.

The primary objective for the team was to work towards establishing a full medical record. A full medical record includes medical and surgical/dental history; psychosocial history; past behavioral health/psychiatric history, including medication history, documented benefits, and adverse effects; past hospitalization or residential treatment history; allergies/immunizations; current and past medications, including current dosage and directions for administration; family health history; treatment and/or service plans; and results of any clinically indicated lab work.

The Health Information Specialist team's collaboration with case managers and review of resources, demonstrates Children's Divisions reasonable and diligent efforts to maintain a full medical record. The increase in medical documents will improve availability and allow documents to be retrieved and compiled to create a full medical record for the child.

Plans to Develop a Medical Records System

The Children's Division researched various medical records system models and decided to collaborate with MO HealthNet Division to evaluate the Missouri Medical Passport Program project with 1HIE, LLC, a wholly owned subsidiary of Secure Exchange Solutions, Inc. The project contained a Patient Centric Medical Solution (PCMS) system, which consisted of a PCMS system (version 1.0 core functionality) and the Foster Care Program support (version 2.0).

The core functionality of PCMS is a card interaction process (pairing) between a patient and his/her physician, physician assistant, nurse, and office administrator during their office visit to the clinic. Medical Passport tokens were issued to each role involved in the office visit. The PCMS role descriptions were as follows:

- Patient PCMS card: Enrollment in clinic lobby by lHIE team. Patient carries card throughout visit process and keeps card when leaving the clinic.
- Physician/Physician's Assistant PCMS card: Paired with patient card during clinical encounter, and capable of completing any clinical input during office visit. Closes office visit.
- Nurse PCMS card: Paired with patient card prior to office visit for recording patient's vital signs. Closes office visit.
- Office Administrator PCMS card: Paired with each patient card when checking in for office visit.

The patient was able to collect up-to-date medical information as it was being recorded during his/her office visit. Each patient would have the ability to access his/her medical information as necessary in order to have control over the accuracy and access to their medical records. When the PCMS card was utilized in the clinic, the card could create a health record within the Centers for Medicare and Medicaid health information technology framework. The Centers for Medicare and Medicaid health information database was available at any location at the point of service in a secure and confidential manner.

The Foster Care Program support version was modified by 1HIE to include specific foster care program functionality requested by the Children's Division. A specific functionality that was agreed upon by 1HIE and Children's Division was to provide access to the PCMS to the Children's Division case managers and foster family caregivers, with their own respective, role-specific PCMS cards.

The Missouri Medical Passport Program project experienced scheduling delays and 1HIE submitted a proposal to extend the project. The proposal included justification for an extension based on several factors that contributed materially to 1HIE's schedule delays. Some of the factors were: challenges with medical provider engagement, unforeseen complexity in delivering state requested software functionality, delays with multiple healthcare data feed integrations, and the feasibility of providing Children's Division case managers and foster family caregivers with their own PCMS cards. 1HIE indicated that provider reluctance had the most material impact on the schedule. The project plan was predicated on the willingness of medical providers to allow the enrollment of their Medicaid patients and permit either the integration of PCMS with their electronic health records system or, if a paper-based medical records system, to enter the information from clinical encounters into PCMS. The difficulty of onboarding providers was a material impediment to maintaining the program's initial schedule and the development of providing role-specific PCMS cards to Children's Division case managers and foster family caregivers required significantly more developmental resources than initially estimated by lHIE.

The final report for the Missouri Medical Passport Program project was provided to Children's Division and MO HealthNet Division project associates for review and analysis. Children's Division and MO HealthNet Division made the decision to discontinue the project due to obstacles that presented themselves, mostly related to lack of provider participation and complexities in the health care information landscape. The Children's Division continues to research various electronic medical records system to test the feasibility and cost-effectiveness of implementing these systems.

Plans to Develop a Medical Records System

The MO HealthNet Division and the State of Missouri's Office of Administration are in discussions with a contractor for a pilot project to develop and maintain an electronic medical records system. The contractor would be required to create a pilot project within a limited number of counties for children in foster care. The pilot project would include a Project Plan to describe the activities, responsibilities, expectations, and outcomes. The activities in the Pilot Project Plan include:

- Project management, planning, coordination, task integration;
- Analysis of Department current state workflow;
- Data conversion for training;
- Build, test, and configuration of Software-as-a-Service (SaaS) technology;
- System deployment; and
- Support.

The successful outcome of the pilot project contract would be the establishment of an integrated medical records database for foster children in a small number of counties. The database would allow health care professionals to electronically input, store and access health information. Implementation of an electronic medical records system could provide Children's Division with immediate access to a child's full and accurate medical record. If the pilot project is successful, consideration would be given to taking the database statewide.