

The logo for HIMSS (Healthcare Information Management Systems Society) is displayed in white text on a blue background.

Central & Southern Ohio Chapter

A horizontal banner image featuring a cyclist in a blue and yellow jersey, a bridge at night, and a classical building with a dome. The text 'transforming healthcare through IT™' is overlaid on the right side.

transforming healthcare through IT™

A Roadmap to Meaningful Use

Regional Extension Center Services

David Groves

HealthBridge

Executive Director,

Tri-State Regional Extension Center



Delivering results...Transforming health care



HITECH / ARRA

- Health Information Technology for Economic and Clinical Health Act (HITECH),
- Provisions of the American Recovery and Reinvestment Act of 2009 (ARRA)

Vision – Enable significant and measurable improvements in population health through a transformed health care delivery system.

HIT Policy Committee Goals

- Improve quality, safety, and efficiency
- Engage patients and their families
- Improve care coordination
- Improve population and public health
- Ensure privacy and security protections



CMS Final Rule

- Published July 13, 2010
- **Contains final definition of “Meaningful Use”**
 - 3-stage approach
 - 25 stage 1 requirements for eligible providers (EP’s)
 - ▶ “Core” and “Menu” groups
 - Stage 2 & 3 requirements to be determined
- **Specifies the following:**
 - Process for participation by EP’s
 - Eligibility requirements for professionals and hospitals
 - Reporting methodology and timeframes
 - Payment periods
 - Payment calculations/procedures for Medicare & Medicaid
 - Medicare penalties for failing to meaningfully use certified EHR



CMS Final Rule

Stage 1 2011*	Stage 2 2013*	Stage 3 TBD*
<ol style="list-style-type: none"> 1. Capturing health information in a coded format 2. Using the information to track key clinical conditions 3. Communicating captured information for care coordination purposes 4. Reporting of clinical quality measures and public health information 	<ol style="list-style-type: none"> 1. Disease management, clinical decision support 2. Medication management 3. Support for patient access to their health information 4. Transitions in care 5. Quality measurement 6. Research 7. Bi-directional communication with public health agencies 	<ol style="list-style-type: none"> 1. Achieving improvements in quality, safety and efficiency 2. Focusing on decision support for national high priority conditions 3. Patient access to self-management tools 4. Access to comprehensive patient data 5. Improving population health outcomes
<p>Capture information....</p>	<p>Report information...</p>	<p>Leverage information to improve outcomes...</p>

*Indicates “payment year” in which each Stage is first introduced. Actual compliance timeframe depends on an EP’s first payment year.



15 Stage 1 Core Measures

Core Set		
Policy Priority	Stage 1 Objectives	Measure
Improving quality, safety, efficiency and reducing health disparities	Use CPOE for medication orders	30%+ of patients
	Implement drug-drug & drug-allergy checks	Functionally enabled
	Generate and transmit permissible prescriptions electronically (eRx)	40%+ of eligible prescriptions
	Record selected demographics (preferred language, gender, race, ethnicity, date of birth)	50%+ of patients
	Maintain an up-to-date problem list of current and active diagnoses	80%+ of patients
	Maintain active medication list	80%+ of patients



15 Stage 1 Core Measures

Policy Priority	Stage 1 Objectives	Measure
Improving quality, safety, efficiency and reducing health disparities (cont.)	Maintain active medication allergy list	80%+ of patients
	Record and chart changes in selected vital signs (height, weight, BP, BMI, growth charts (2-20 yrs.))	50%+ of patients
	Record smoking status for patients 13 years old or older	50%+ of patients
	Implement one clinical decision support rule along with the ability to track compliance that rule	1 rule
	Report ambulatory quality measures to CMS or the States	Aggregate numerator/denominator



15 Stage 1 Core Measures

Policy Priority	Stage 1 Objectives	Measure
Engage patients and families in their healthcare	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and medication allergies) upon request, within 3 days of request	50%+ of all patients who request
	Provide clinical summaries to patients for each office visit within 3 days of visit	50%+ of all office visits
Improve Care Coordination	Capability to exchange key clinical information (for example problem list, medication lists, medication allergies, diagnostic test results) among providers of care and patient authorized entities electronically	1 test of capability
Ensure adequate security and privacy provisions for personal health information	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis



10 Stage Menu Measures

Menu Set		
Policy Priority	Stage 1 Objectives	Measure
Improving quality, safety, efficiency and reducing health disparities	Implement drug formulary checks	Functionality enabled
	Incorporate clinical lab test results into certified EHR technology as structured data	40%+ of all clinical lab tests ordered
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	At least 1 report of patients with condition
	Send reminders to patients 65 years or older of 5 years or younger per patient preference for preventive/ follow up care	20%+ of patients



10 Stage Menu Measures

Policy Priority	Stage 1 Objectives	Measure
Engage patients and families in their healthcare Improve Care Coordination	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	10%+ of patients
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	10%+ of patients



10 Stage Menu Measures

Policy Priority	Stage 1 Objectives	Measure
Improve care coordination	Perform Medication Reconciliation when the EP or eligible hospital receives a patient from another setting of care or provider of care	50%+ of care transitions to EP
	Provide summary of care record for each transition of a patient to another setting of care or provider of care or referral to another provider of care	50%+ of care transitions from EP
Improve population health	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	At least 1 test
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	At least 1 test



There is Help

Regional Extension Center Program

WHAT IS IT?

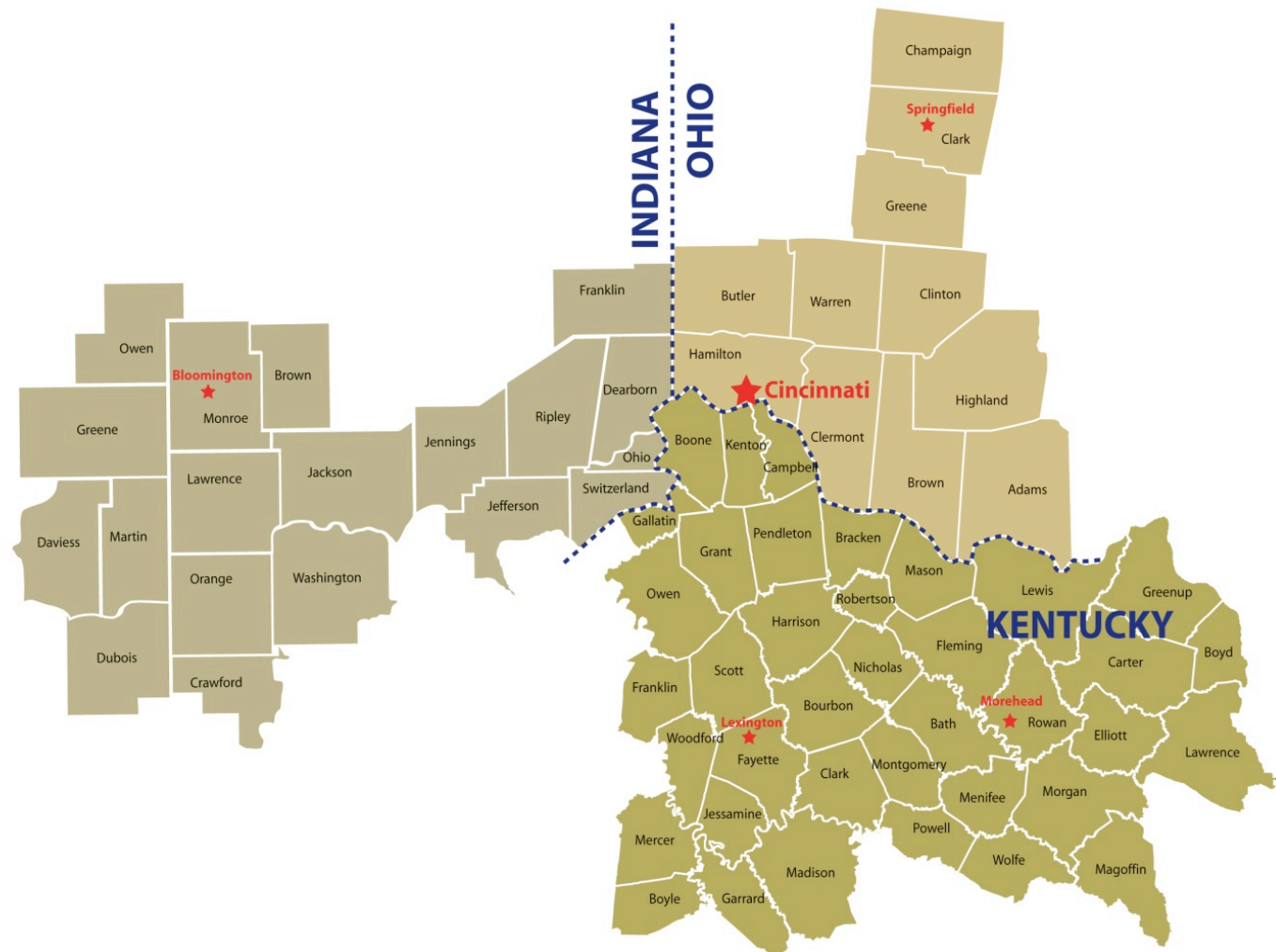
- New federal program funded by ARRA and aligned with CMS incentive program for EHR adoption
- **GOAL: Help eligible professionals**
 - Implement EHR technology
 - achieve meaningful use and
 - qualify for incentives



REC support is provided under cooperative agreement 90RC0025/01 from the Office of the National Coordinator for HIT, US Dept. of Health and Human Services .

Tri-State REC Service Area

State
<p>Ohio</p> <p>(11 counties)</p>
<p>Kentucky</p> <p>(37 counties)</p>
<p>Indiana</p> <p>(19 counties)</p>





Tri-State REC Goals

- 1,740 Priority Primary Care Providers (PPCPs) to Meaningful Use
- Support 24 Rural and Critical Access Hospitals in EHR adoption and meaningful use



Tri-State REC Activities

- Program Kick-off
- Physician Recruitment
- Capacity development
 - Staff Hiring
 - Subcontracting
- EHR Vendor Evaluation/Selection
- Methodology Development
- Direct Assistance





Basic REC Services

- Education Services on Technology and Meaningful Use
- Project Planning and Management
- Group Purchased EHRs and Technology Solutions
- Implementation Support
- Quality Reporting Support
- Integration with a local or state HIE



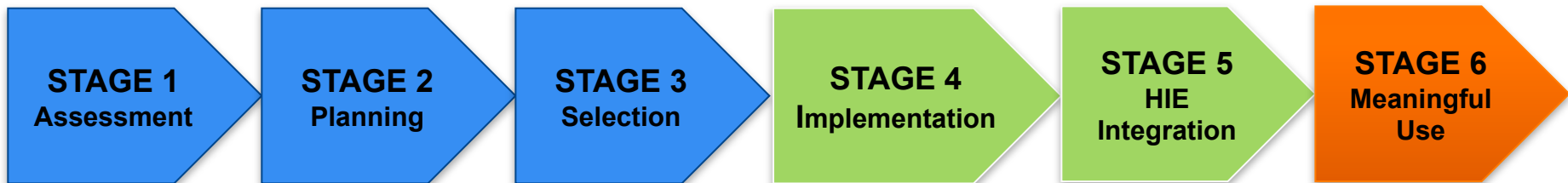


Why Engage the REC for Help

- Access to federally subsidized help
- Proven Processes
- Shortened Timeframes for completion
- Reduced Risk
- Lower total out of pocket cost

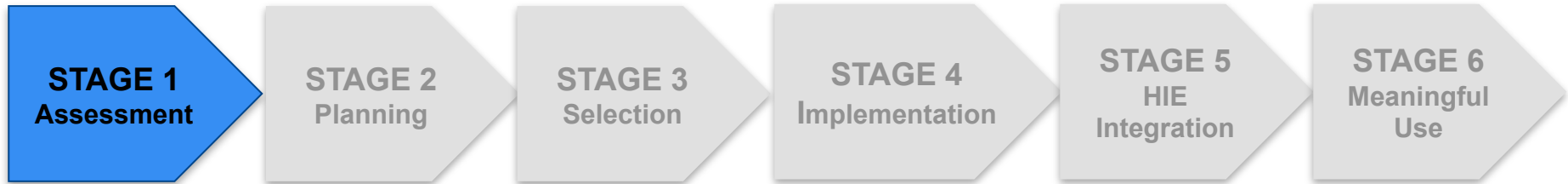


Following a Roadmap to Meaningful Use





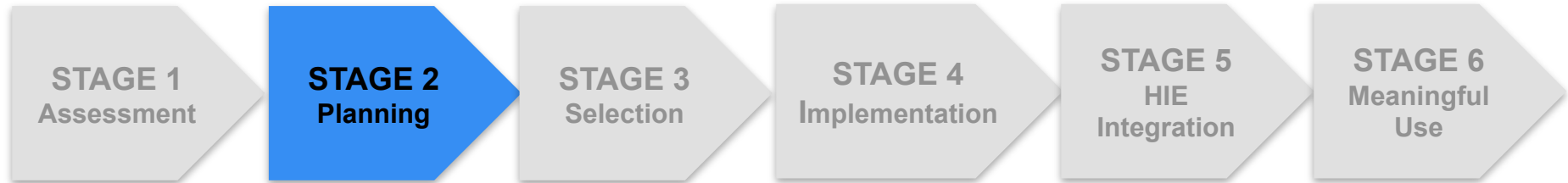
Planning a Roadmap to Meaningful Use



- Practice Readiness Assessment
- Current State Assessment
 - Operational
 - Technology
 - Facility and Infrastructure
- Workflow Assessment
- Computer Skills Assessment



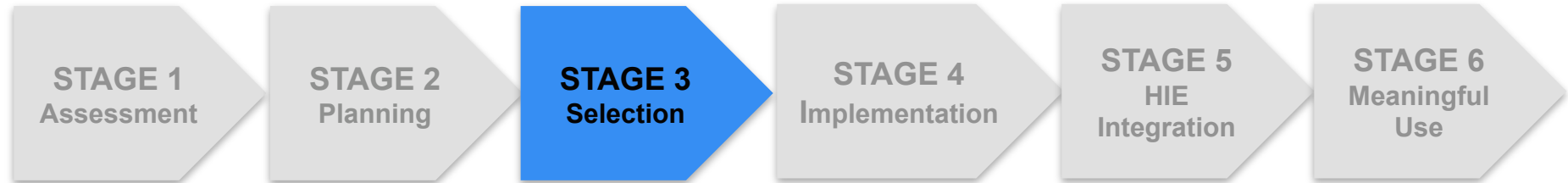
Planning a Roadmap to Meaningful Use



- Practice Goals
- Meaningful Use Gap Analysis and Objectives (menu selection)
- EHR and Practice Management Software Strategy
- Future State Description



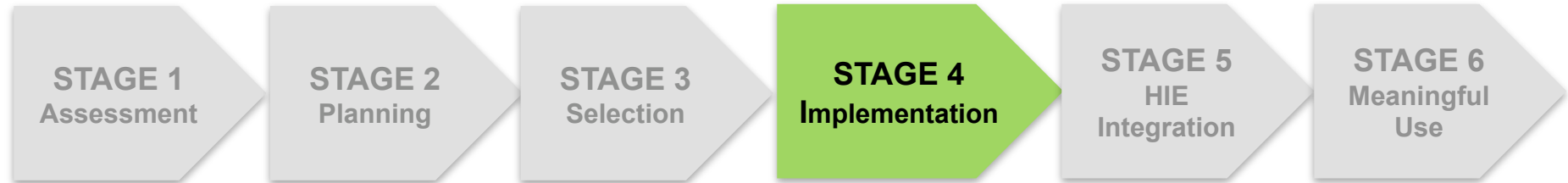
Planning a Roadmap to Meaningful Use



- Vendor Evaluation Methodology
- Vendor RFP
- Vendor Proposal
- Demonstrations
- Evaluation and Selection
- Negotiation



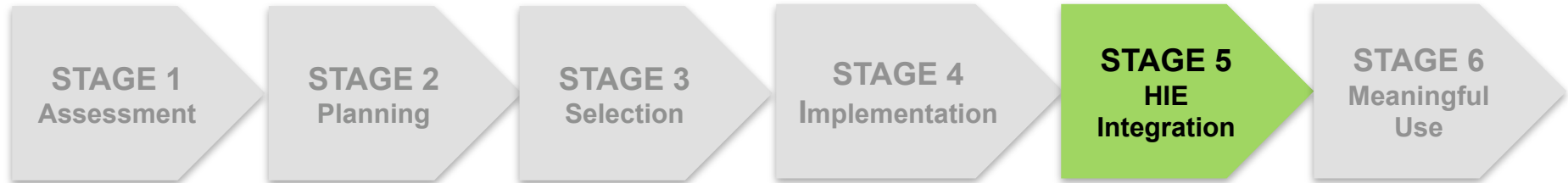
Planning a Roadmap to Meaningful Use



- Product Installation
- Workflow redesign
- Training
- Acceptance Testing
- Pre-load of Data
 - Manual
 - Automated
- Go-Live



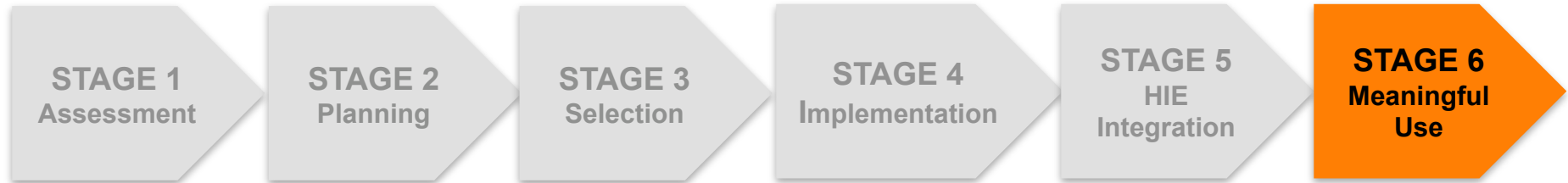
Planning a Roadmap to Meaningful Use



- Laboratory Results
- Other clinical results
- Care Summary
- Immunization Registry
- Syndromic Surveillance



Planning a Roadmap to Meaningful Use



- Quality Reporting
- Security Risk Analysis
- MU Requirements
 - Measured
 - Interoperability Tests
 - Attestations



Lessons Learned

- Physician recruitment effort is more costly and time consuming than anyone planned
 - Communications and outreach is difficult
 - Six months after ARRA the level of understanding of MU remains low
 - Some skepticism is surely felt among physicians
 - Inertia is not entirely overcome by the incentive payment promise
- Practices with EHRs in place seem most eager to work with their REC
- EHR selection process reveals a few clear leaders and a large group of good solutions in the next tier
- Vendor work forces are stretched and companies are generally looking for collaborative relationships with RECs – even if not selected as “preferred”.
- Interoperability through an HIE is valued by providers and vendors

Q & A