

Steps to Take Today To Ensure Readiness for Meaningful Use of EHR Incentives

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AGENDA

- Key provisions required to make meaningful use of a certified EHR
- Qualifying for financial incentives and avoiding adjustments
- Steps to take *today* to prepare for EHR incentives:
 - Assessing current state of IT utilization
 - Acquiring and implementing EHR components
 - Making meaningful use of EHR
- Don't forget other major HIT initiatives
- Questions and answers

MEANINGFUL USE

- **Meaningful use** of certified EHR technology:
 - Includes use of e-prescribing
 - Provides exchange of information to improve quality of health care, such as promoting care coordination
 - Reporting of clinical quality and other measures; which may become more stringent.
 - *HHS may not require electronic reporting unless there is the capacity to accept data, which may be on a pilot basis*
- **Demonstration** of meaningful use may include:
 - Attestation
 - Submission of claims with appropriate coding
 - Survey response
 - Reporting on measures
 - Other means specified by Secretary, including alternative means for EPs in a group practice

HEALTH IT POLICY COMMITTEE RECOMMENDATIONS

to Office of National Coordinator (ONC) for Defining Meaningful Use: Final-August 2009

Recommends HIT Objectives and Meaningful Use (M.U.) Measures for 2011, 2013, and 2015 for eligible providers (EP) and eligible hospitals (IP) according to Health Outcomes Policy Priorities

http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_888532_0_0_18/FINAL%20MU%20RECOMMENDATIONS%20TABLE.pdf

STEPS TO TAKE TODAY

1. Organize:
 - HITECH Committee
 - Act Quickly
2. Assess and Plan
 - Inventory and compare applications against Key HIT Objectives

KEY HIT OBJECTIVES/TOOL

Health Outcomes Policy Priorities	Available?
1. Improve quality, safety, efficiency, and reduce health disparities	
– CPOE [2011; 2013], w/evidence-based order sets [2013]	
– Active med list, D-D, D-A, D-\$, eRx (EP) [2011]; D/C Rx [2013]	
– Lab test results in EHR in coded format [2011]	
– Current active problem list in ICD-9 or SNOMED [2011]	
– Record demographics, advance directives, V/S, smoking status, progress note/encounter [2011]; all clinical documentation, family history [2013]	
– CDS [one 2011; POC, care plans 2013; performance 2015]	
– Specialists report to chronic disease registries [2013]	
– Closed loop med mgt, w/computer-assisted administration [2013]	
– Generate lists of patients by specific conditions for QI; reminders to patients; report measures to CMS [2011]	
– Check insurance eligibility electronically; electronic claims [2011]	
– Medical device interoperability; multi-media support [2015]	
2. Engage patients and families	
– Electronic health information on request, clinical summaries of encounters, D/C instructions [2011]; access to PHR, patient-provider messaging, patient preferences [2013]	
– Patient-specific educational resources [2011]; language [2013]	
– Incorporate data from home monitoring devices [2013]	
– Access to self-mgt tools; report on experience of care [2015]	
3. Improve care coordination	
– Capability to electronically exchange key clinical information among providers and patient-authorized entities [2011]; access comprehensive pt data from all available sources [2015]	
– Retrieve and act on eRx fill data [2013]	
– Summary care record for every transition in care [2011]	
– Medication reconciliation [2011] across care settings [2013]	
4. Improve population and public health	
– Capability to electronically submit [2011]/receive [2013] data to/from immunization registry	
– Capability to electronically submit (anonymized) syndromic surveillance data to public health [2011]; receive public health alerts [2013]; real-time alerts, clinical dashboards [2015]	
5. Privacy and security protections for personal health information	
– Comply w/HIPAA Privacy/Security; fair data sharing (Nationwide Privacy and Security Framework) [2011]; HITECH Privacy [2015]	
– Conduct or update a security risk assessment [2011]	
– Provide de-identified data as applicable [2013]	

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2. Assess and Plan

- Inventory and compare quality measurement and reporting against M.U. Measures

EXAMPLES OF M.U. MEASURES/TOOL

Examples of M.U. Measures	Applies to/by	Measure Performed Today	(State/National) Benchmark	Results/ Needs
% diabetics with A1c under control	EP 2011	<i>MN Community Measurement 2008</i>	17.1%	
% hypertensive pts w/BP under control	EP 2011	<i>MN Community Measurement 2008</i>	65.4%	
% orders entered by MDs via CPOE	EP, IP 2011			
Use of high-risk meds in elderly	EP, IP 2011			
% pts >50 w/annual C/R cancer screening	EP 2011	<i>MN Community Measurement 2008</i>	62.8%	
% orders for high-\$ imaging services w/structured indications recorded	EP, IP 2011			
Conduct or update a security risk assessment	2011			
% pts with full access to PHR populated in real time with EHR data	EP, IP 2013			
% (<i>all</i>) smokers offered smoking cessation counseling	EP, IP 2011	"Core Measures" American Hospital Directory, 2009	CHF: 91% M.I.: 94% Pneumonia: 88%	

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- Assess Adoption
 - Implementation does not necessarily mean adoption
 - Measurement and reporting does not necessarily mean improvement
- Create Migration Path to recognize dependencies
 - Applications
 - Technology
 - Operations
 - People
 - Policy
 - Process

3. Acquire and Implement EHR Technology

ARRA Timeframe	Impact on Reimbursement	Your Schedule for Achieving M.U.
First year if 2011 or 2012 First year if before 2013	Maximum incentive Incentive	
Second year	Incentive	
Third year	Incentive	
Fourth year	Incentive	
Fifth year	Incentive	
If EHR is adopted after 2014	Adjustment	
If EP not EHR user by 2015	Adjustment	
If EP not EHR user by 2016	Adjustment	
If EP not EHR user by 2017 and subsequent	Adjustment	

4. Gain Adoption

- Engage stakeholders early
 - Patient care teams
 - Quality committees
 - Strategic imperatives
- Focus on the bigger picture:
 - Clinical transformation
 - Professional responsibility and accountability
 - Efficiency and effectiveness
 - Crossing the IT/quality chasm
- Set expectations, address workflow/redesign processes, configure systems appropriately, test, train, support, measure, manage

5. Report and Improve (5-Step QI Plan)

- Measure
- Benchmark
- Root cause/action plan
 - Training
 - Workflow
 - System configuration
 - Goal feasibility
- Re-measure
- Celebrate/correct course

DON'T FORGET

HIPAA, HITECH Privacy & Security

HIPAA TCS (5010) and ICD-10-CM/PCS