



Mapping Workflow to Meet Meaningful Use Criteria

Kim Salamone, Ph.D., MPA, CPEHR, CHP
Vice President, Health Information Technology
Health Services Advisory Group, Inc. (HSAG)
Lynn Barr, MA

Director, Health Information Technology
CA State Rural Health Association (CSRHA)



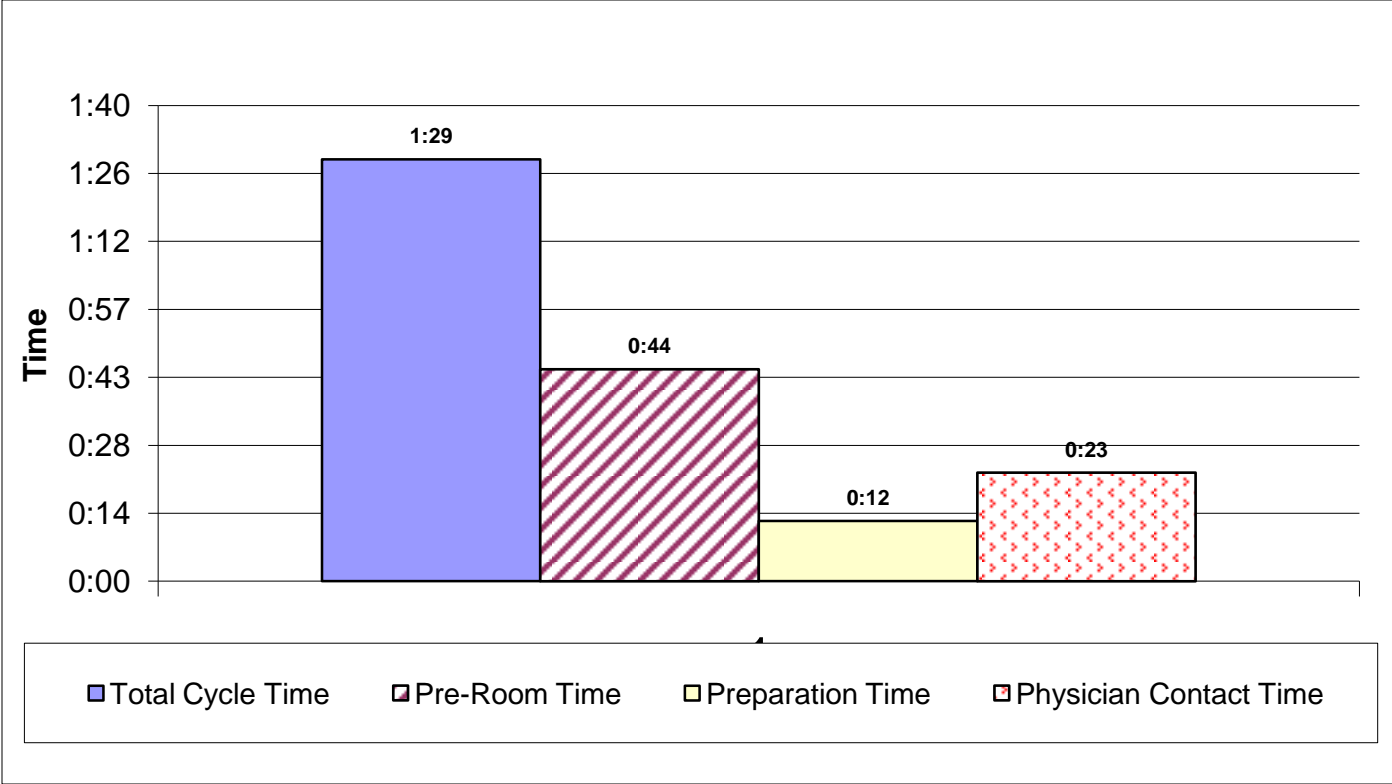
Internal Operations and Processes: Practice Readiness Assessment

- Collects basic demographic information, organizational structure, and NPIs for Eps
- Collects existing types of health information technology:
 - Disease registry, email (clinical, administrative, or both), electronic labs, document imaging system, practice management system, e-prescribing, etc.
- Has the practice tried to implement clinical information systems, such as an EHR or electronic prescribing, in the past?
- Does the practice have other projects either currently going on and/or starting soon that might affect the planning for and/or success of the EHR/HIT implementation project?
- Outlines Program Participation Expectations

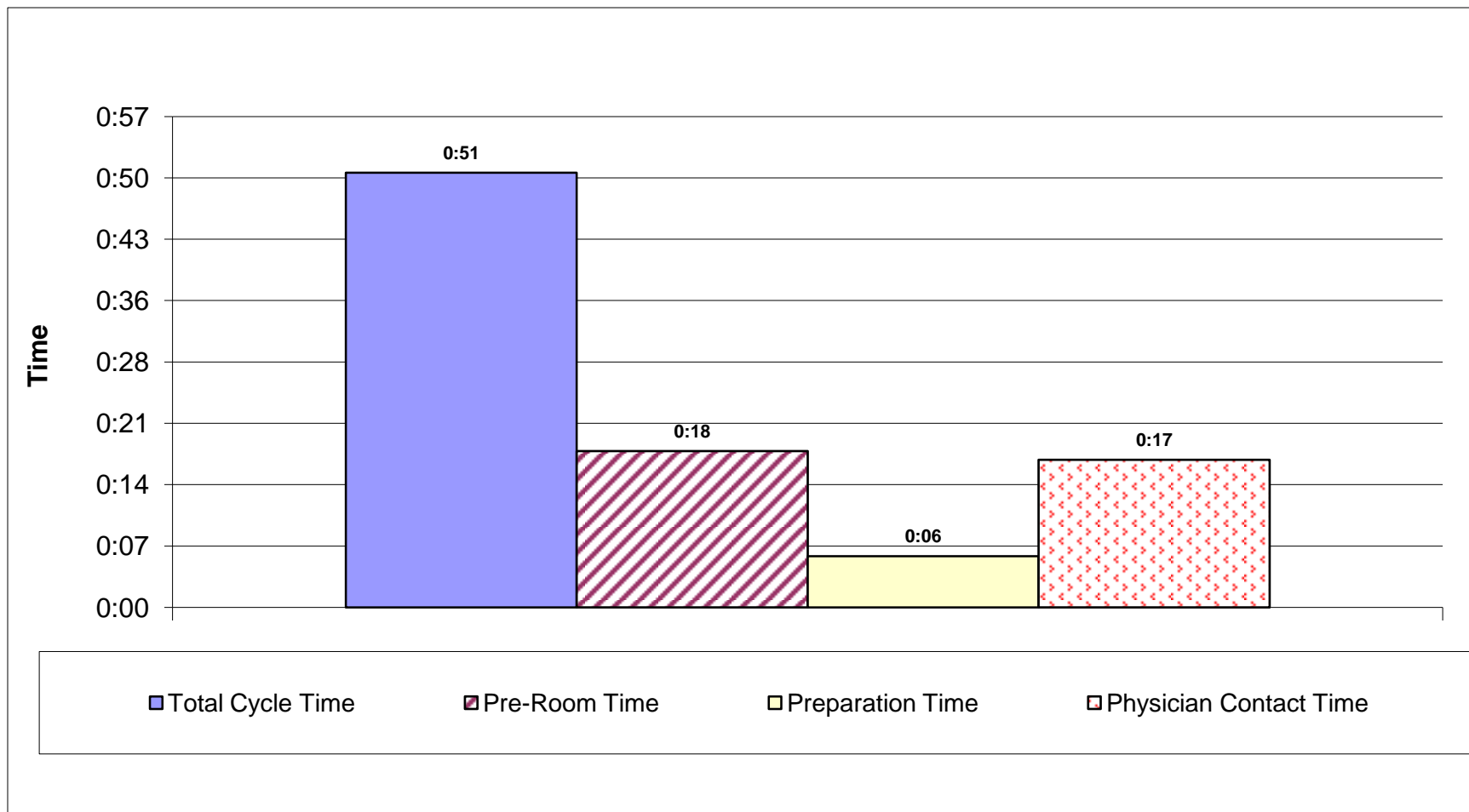
Internal Operations and Processes: Patient Cycle Tool

- The patient cycle begins at the time of the patient arrival and ends when the patient leaves the office.
- The tool helps to
 - determine office efficiency by calculating the patient cycle time
 - determine where the delays and waiting periods occur
 - indentify roadblocks
 - provides a roadmap for process improvement by eliminating those roadblocks.
- The tool can be customized to measure other office processes.

Internal Operations and Processes: Patient Cycle Time 'Before'



Internal Operations and Processes: Patient Cycle Time 'After'



The Total Patient Cycle time decreased from 1 hour and 29 minutes to 51 minutes.

Workflow Tool: Workflow Interview Guide

- Front Desk:
 - How are appointments made in your practice? (Check all that apply: phone in advance, same day phone, walk in, previous visit, etc...)
 - Do you use reminders for patients? (Check all that apply: cards, letters, etc...)
 - What do you do to prepare for the next day's appointments (ask regarding same-day appts; walk-in patients)?
 - What do you do when you can't find a chart?

Workflow Tool: Workflow Interview Guide

- Patient Visit: Medical Assistant
 - Vitals, notify MD when patient is ready
- Patient Visit: MD Exam
- Patient Visits: Labs (in-house, outside, etc.)
- Patient Visit: Referrals (MA makes call, MD fills out form, etc.)
- Patient Visit: Conclusion (what makes it complete? What happens to chart, etc.)
- Patient Visit: Check Out
- Prescription Refills

Meaningful Use (MU) Objectives

- Know the Core Objectives
- Pick which menu set objectives to tackle first
 - Eventually implement the majority of them
- Be committed to NOT automate bad workflow processes
- A few issues to think about when picking a system...

Connection with Labs

- EHRs should have an 'order' module
 - Where do you currently document that an order has been made?
 - Encounter note?
 - Checkbox?
 - Order electronically through Sonora Quest's webpage then scan into your system?
- If you have the interface (uni/bi-directional?) (eLINCS, HL7)
 - Data goes directly into the chart
 - Challenge of lab interfaces: patient matching and abnormal range interpretation into the decision support of the EHRs
- What do you do if you don't have an interface?

Connection with Pharmacies

- E-prescribing
 - Considered the ‘hook’
 - Also needed standards (NCPDP Prescriber/Pharmacist Interface SCRIPT 8.1 standard)
- 42 CFR Part 423 Final Rule for standards for e-prescribing for Part D
 - Medication History
 - Formulary and benefits
 - Fill status notification
- What if the pharmacies your patients use do not have e-prescribing?

Alerts and Reminders

- Oftentimes is the first thing vendors show physicians how to turn off
- It is one of the 'indicators' to CMS that providers use their EHRs for 'care management'
- What's the balance?
 - Think in terms of your practice's measures and reports
 - Think in terms of your existing interfaces

How does it fit together?

- Use tools to identify:
 - Informal power sources
 - Workflow bottlenecks
 - We do NOT want to automate BAD workflow
- Map Meaningful Use (MU) objectives, CQMs and desired additional measures to EHR

EHR Examples

- Where are the MU objective elements and CQM elements in the EHR?
- Example: the CDSS?
 - Alerts and Reminders
 - Health Maintenance
 - Links to outside sources
 - Orders and Results
- How does it fit into the practice's workflow?
 - MAs prepare orders for preventive services
 - Office Manager generates reports for patients due for services

MU Requirements

- CQM Measures
 - 3 Core (Hypertension & Blood Pressure Mgt; Tobacco Use and Cessation Intervention; Adult Weight Screening and Follow Up)
 - 3 Alternate Core (Preventive Care & Screening: Influenza Immunization age 50 & up; Weight Assessment and Counseling for Children and Adolescents; Childhood Immunization Status)
 - 3 Menu Set items: Choose from 38 measures (such as colorectal cancer screening, breast cancer screening, Diabetes HbA1c Control, etc.)

MU Gap Analysis Tool

EHR Meaningful Use Checklist			
CORE SET - Eligible Professionals (EP) are required to met all core objectives			
Stage 1 Objectives: Data capture & sharing	Description (D) & Measure (M)	Yes / No, Num/Den	Comments
1. CPOE	<p>D: Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local & professional guidelines.</p> <p>M: More than 30% of unique patients with at least one medication in their medication list seen by the EP.</p>		
2. Drug Interaction Alerts	<p>D: Implement drug-drug & drug-allergy interaction checks.</p> <p>M: Enabled this functionality for the entire EHR reporting period.</p>		
3. eRx	<p>D: Generate & transmit permissible prescriptions electronically (faxed prescriptions do not count).</p> <p>M: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.</p>		
4. Demographics	<p>D: Record demographics:</p> <ul style="list-style-type: none"> - preferred language -gender -race -ethnicity -date of birth -insurnace type <p>M: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.</p>		

Tie it together

- Assessments identify bottlenecks, processes that need improvement, changing behavior
- Workflow re-design needs to be pre and post EHR implementation
- Gap Analysis tool allows for identification of where the variables are for objectives and CQMs and practice generating the measures

Conclusions

- Stage 1 is all about DATA CAPTURE and sharing
- Data must be structured to query, or report numerators and denominators
 - True for objectives
 - True for Clinical Quality Measures

QUESTIONS?