

Meaningful Use for Rural CA: Vendor Selection

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Why Are We Here?

- I'm here because:
 - DOQ-IT (Lessons learned)
 - CMS 9th Scope of Work
 - CMS pay for performance
 - My commitments to:
 - Rural Providers
 - CSRHA
 - CalHIPSO
 - HL7, AMIA, eHealth Initiative
- Why are you here?
 - CMS Meaningful Use incentives
 - Select an EHR
 - Maximize your EHRs

Health Services Advisory Group

- Quality Improvement Organization
- External Quality Review Organization
- Founded in 1979 by Arizona doctors and nurses
- Dedicated to improving quality of care delivery and health outcomes through information, education, and assistance
- Partner with physicians, health plans, home health, nursing homes, hospitals

Agenda

- Define EHRS and Related Issues
- New Legislation for ‘Meaningful Use’ (MU)
 - Overview of program
 - Overview of objectives
 - Overview of clinical quality measures
- Quality Lessons Learned
 - DOQ-IT
 - Prevention Initiative
 - MCMP
- Vendor Selection Tips
- The Regional Extension Center Program
- Next Steps

Electronic Health Record System (EHR)

- EHR: Electronic Health Record System that captures data at the point of care, integrates data from multiple internal and external sources, and supports the caregiver in decision making
- EMR: Electronic Medical Record, the clinical piece of an integrated system
- E-prescribing: Electronic prescribing of medications
- CPOE: Computerized physician order entry systems
- PMS: Practice Management System for scheduling and billing

Why EHRs?

- Reduce errors
 - Done through alerts and reminders
 - Readable text in records and prescriptions
- Reduce cost
 - Influenza vaccination in the elderly costs less than \$0 per quality-adjusted life year (QALY)
 - Beta-blockers in CAD and hypertension cost up to \$10-\$50K per QALY
- Provides evidence based decision support
 - Built in clinical decision support features (guidelines)
- Supports quality and chronic care management
 - How????

Barriers to Electronic Transformation

■ Financial

- High initial \$ costs
- High initial time costs
- Underdeveloped business case
- Maintenance costs

■ Technical

- Inadequate technical support
- Lack of standardization
- Security and privacy

■ Organizational Change

- Patient-physician communication
- Workflow changes
 - Charting
 - Prescribing
 - Laboratory
 - Administrative
- Technical skills
- Staff Training
- Physician-vendor communications

Technical: Examination of the standards

- CCHIT
- Transport standards
 - HL7
 - DICOM
 - NCPDP
 - X12N
- Functional standards
 - HL7
- Medical devices standards
 - IEEE
- Terminology standards
 - SNOMED CT
 - LOINC
- Prescriptions
 - NCPDP Script 8.1
- Imaging standards
 - DICOM
- Administration and Finance
 - X12N (HIPAA)
- Privacy
 - HIPAA
 - California Constitution, Article 1, section 1
 - Insurance Information and Privacy Protection Act - Insurance Code section 791 and following
 - Patient Access to Health Records - Health & Safety Code section 123110 and following
- Security
 - HIPAA
 - California Security Act of 2003
 - Security of Personal Information - Civil Code section 1798.81.5

CMS Meaningful Use Incentives: Program Overview

- The Health Information for Economic and Clinical Health Act (HITECH) portion of the ARRA specifies the following 3 objectives for Meaningful Use:
 1. Use of **certified EHR** in a **meaningful manner** (e.g., e-prescribing)
 2. Use of certified EHR technology for **electronic exchange of health information** to improve quality of healthcare.
 3. Use of certified EHR technology to **submit clinical quality measures (CQM) and other such measures** selected by the Secretary.

CMS Meaningful Use Incentives: Program Overview

- Medicare Fee-For-Service (FFS)
 - Eligible Professionals (EPs) Must be a Medicare FFS or MA provider, hospital or CAH
 - No minimum patient volumes
- Medicare Advantage (MA)
 - MA EPs
 - MA-affiliated eligible hospitals
- Medicaid
 - EPs - Non-pediatric eligible professionals must meet a patient volume threshold of at least 30%
 - Eligible hospitals

CMS Meaningful Use Incentives: Program Overview - Medicare FFS

Eligible Professionals (EPs)

Doctor of Medicine or Osteopathy

Doctor of Dental Surgery or Dental Medicine

Doctor of Podiatric Medicine

Doctor of Optometry

Chiropractor

Eligible Hospitals

Acute Care Hospitals

Subsection (d) hospitals that are paid under the PPS and are located in the 50 States or Washington, DC (including Maryland)

Critical Access Hospitals (CAHs)

CMS Meaningful Use Incentives: Program Overview - Medicaid

Eligible Professionals (EPs)

Physicians

Nurse Practitioners (NPs)

Certified Nurse-Midwives (CNMs)

Dentists

Physician Assistants (PAs) working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so lead by a PA

Eligible Hospitals

Acute Care Hospitals (includes CAHs)

Children's Hospitals

Meaningful Use Timeline: Medicare

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$18,000				
CY 2012	\$12,000	\$18,000			
CY 2013	\$8,000	\$12,000	\$15,000		
CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
CY 2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Additional Incentive Payments for Medicare Eligible Professionals (EPs) Practicing in HPSA's

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	\$1,800				
CY 2012	\$1,200	\$1,800			
CY 2013	\$800	\$1,200	\$1,500		
CY 2014	\$400	\$800	\$1,200	\$1,200	
CY 2015	\$200	\$400	\$800	\$800	\$0
CY 2016		\$200	\$400	\$400	\$0
TOTAL	\$4,400	\$4,400	\$3,900	\$2,400	\$0

Meaningful Use Timeline: Medicaid

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL ¹⁰	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

CMS Meaningful Use Incentives: Overview of Objectives

- Computerized physician order entry (CPOE)
 - 30% of unique pts seen with meds listed have at least one ordered by CPOE
- E-prescribing (eRx)
 - > 40% permissible scripts written sent electronically
- Report ambulatory clinical quality measures to CMS/States
 - 6 measures (3 required, 3 elective)
- Implement one clinical decision support rule *yes/no*
- Provide patients with an electronic copy of their health information, upon request
 - >50% who request within 3 business days

CMS Meaningful Use Incentives: Overview of Objectives

- Provide clinical summaries for patients for each office visit
 - provide for > 50% all office visits w/in 3d
- Drug-drug and drug-allergy interaction checks
 - enabled
- Record demographics
 - > 50 % seen (5 specific items)
- Maintain an up-to-date problem list of current and active diagnoses
 - > 80% pts seen have at least one structured entry
- Maintain active medication list
 - > 80% pts seen have at least one structured entry

CMS Meaningful Use Incentives: Overview of Objectives

- Maintain active medication allergy list
 - > 80% pts seen with at least one structured entry
- Record and chart changes in vital signs
 - > 50% > age 2 seen have ht, wt BP (structured)
- Record smoking status for patients 13 years or older
 - > 50% unique pts seen (structured data)
- Ability to exchange key clinical information among providers electronically
 - At least one test
- Protect electronic health information
 - Security risk analysis, security updates and deficiency correction

CMS Meaningful Use Incentives: Overview of Objectives

- Menu Set (pick 5)
 - Drug-formulary checks (one formulary)
 - Incorporate clinical lab test results as structured data (>40% of all ordered labs return as structured data)
 - Generate lists of patients by specific conditions (at least one list of EP with a specific condition)
 - Send reminders to patients per patient preference for preventive/follow up care > 20 % (>64 or <6) sent one
 - Provide patients with timely electronic access to their health information
 - Medication reconciliation for >50% of transitions
 - Etc...

CMS Meaningful Use Incentives: Overview of Clinical Measures

- Core, Alternate Core and Additional CQM sets for EPs
 - EPs must report on 3 required core CQM, and if the denominator of 1 or more of the required core measures is 0, then EPs are required to report results for up to 3 alternate core measures.
 - EPs also must select 3 additional CQM from a set of 38 CQM (other than the core/alternate core measures).
 - In sum, EPs must report on 6 total measures.

CQM: Core Set for EPs

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

CQM: Alternate Core Set for EPs

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

CQM: Menu Set (pick 3)

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

CQM: Menu Set (pick 3)

20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21. Smoking/Tobacco Use Cessation, Medical Assistance
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening
24. Diabetes: Foot Exam
25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38. Diabetes: Hemoglobin A1c Control (<8.0%)

DOQ-IT, Prevention Initiative, MCMP

QUALITY LESSONS LEARNED

What was DOQ-IT?

- CMS recognized the need to assist small to medium-sized providers
 - Implement the e-Health Initiative Roadmap (DOQ-IT roadmap)
 - Overcome barriers for providers
- Aim: Transformation of care through widespread adoption of electronic technologies in office practice
- Move industry toward pay for performance

The 9th SOW Prevention Initiative

- Breast Cancer Screening
- Colorectal Cancer Screening
- Influenza Immunization
- Pneumococcal Immunization
- Why these measures?
 - Think reporting from an EHR
 - Think Value-based purchasing
 - Think Medical Home
 - Think Accountable Care Act

The 9th SOW Prevention Initiative

- Where are these measures recorded in your EHR?
- What are the variables you need?
- Where are they located?
 - EPM?
 - EMR?
 - Both?
- Think Health Maintenance Module
 - How are these data elements populated?

Medicare Care Management Program (MCMP)

- Diabetes (8 measures)
- Coronary Artery Disease (7 measures)
- Heart Failure (8 measures)
- Prevention
 - Blood Pressure
 - Mammograms
 - Colorectal Cancer Screening
 - Immunizations (flu and pneumococcal)

VENDOR SELECTION TIPS

DOQ-IT Methodology



- **ASSESSMENT** – practice needs assessment
- **PLANNING** – analyze workflow needs, make business case, prioritize needs, set goals, define functional and technical requirements
- **SELECTION** – identify options, evaluate, decide, contract
- **IMPLEMENTATION** – prepare, define interfaces, go-live, problem solve
- **CARE MANAGEMENT**- chronic care redesign, report data, improve quality of care

Planning

- Analyze workflow
- Define functional requirements
- Define technical requirements
- Prioritize needs
- Develop Project Plan

Vendor Selection and Contracting

- Utilization of standards
- Service Level Agreements
- Interfaces
- 3rd party software
- Data conversion
- Implementation services
- Training services
- Data recovery services

Vendor Selection

- Service Level Agreements
 - Hours of support
 - Level of support
 - Upgrades
- Look out for:
 - Functionality is not specified
 - Vendor doesn't specify type of license in quote
 - **No data escrow clause**

Vendor Selection: Interfaces

		Desired Interface to: (vendor of service of software and software version, if known – i.e., Quest/Labcorp, name and release of practice management system) UNI – Data travels one way BI – Data travels both ways			
Interfaces Requested: Communications	If Interface is desired, mark "X"		Vendor cost (include your cost and estimate for lab cost, and annual support	Production Interface in last 12 months "YES"	Comment (Vendor -Insert comment number and add comment below table)
Lab					
Order entry					
Results reporting					
Provider owned Lab					
Hospital Lab(s)					
Commercial Lab(s)					
Pharmacy					
SureScripts Certified (uni- or bidirectional)					

Vendor Selection: Interfaces

- What to look out for:
 - One-way or two-way interface is not specified
 - Data format not specified (structured or non-structured)
 - **Assume lab will pay for the interface**
 - Interface promised, but not available

Implementation

- Contingency Planning
 - Ensure that disaster recovery plan is in place
 - Develop and test protocols for system downtime
- Handling of Paper-based Information
 - Determine key information and documents that need to be entered into system
 - Establish process for entering information into system
 - Scanned documents are ‘images’
- Implementation Plan
 - Use a detailed rollout schedule of system modules or functions based on desired productivity levels

Implementation

- Interfaces
 - Ensure project plan allows sufficient time for installation and testing
- Project Management
 - Use a detailed practice project plan
 - Review the vendor project plan
 - Establish roles, responsibilities, & timelines
 - Identify project risks and develop plans to mitigate them

Vendor Selection Summary

- Things to think about prior to selecting a vendor
 - Budget/Contract
 - Disruption
 - Workflow
 - Staff
 - Practice's culture
 - What do you need/want OUT of the system
 - Measures
 - Functionality

Look at Functionality

- EHRs have many components
 - Connection of PMS and EMR
 - Connection with labs
 - Connection with pharmacies
 - Alerts and reminders
 - Report generation ...?

“A comprehensive, structured set of clinical, demographic, environmental, social, and financial data and information in electronic form, documenting the health care given to a single individual.” (HL7 EHR functional model definition)

Reporting

- What needs to be in place?
- What information do you need out of your system?
 - Administrative
 - How many pharmaceutical samples were given out?
 - Which patient reminder letters need to be printed and mailed?
 - Clinical
 - Which patients are on 'X' drug, which has just been recalled?
 - How many Medicare patients were screened for Colorectal cancer?
 - Which patients with diabetes have an HbA1C greater than 9?

Vendor Selection Lessons Learned

- Clearly set your objectives and expectations
- Define and clarify your budget (time and money)
- Assess your practice – workflow, systems, etc
- Map system capabilities to your practice
- Visit live systems in live environments
- Carefully negotiate the contract
- Put YOUR hands on the keyboard
- Focus on: the **NOTE**

...continued

- Use the TASK (task & messaging) features
- See the details of orders, labs, and prescribing
- Pay the vendor for performance – completed, accepted tasks and milestones
- Hold-back money beyond “Turnover”
- Manage the people—not the technology
- This is a process with many facets that requires a systems view

THE REGIONAL EXTENSION PROGRAM

CalHIPSO

- The California Health Information Partnership and Services Organization (CalHIPSO) is an organization founded by clinical providers, for clinical providers, to help them successfully navigate through the complicated world of electronic health records (EHR) implementation.
 - California Medical Association (CMA)
 - the California Primary Care Association (CPCA)
 - California Association of Public Hospitals & Health Systems (CAPH)

CalHIPSO

- CalHIPSO is one of 60 federally-designated Regional Extension Centers around the country and provides REC services to all of California except Los Angeles and Orange County
 - Non-profit organization
 - Vendor Neutral
 - Membership Benefits
 - Local Extension Centers

CalHIPSO: membership benefits

- Group purchasing rates for EHR systems that will be unprecedented in California.
- Subsidized prices on technical assistance, training, and support services EPs will need to optimize their EHR system.
- Access to "like" peer networks who are implementing the same or similar EHR systems in similar settings.
- Unbiased advice on which vendors and consultants to utilize.
- Access to affordable technological tools, such as standard deployment, data aggregation tools, and Best Practice modules that will make achieving meaningful use faster and more efficient.

Local Extension Centers (LEC)

- Coordinate Regional Extension Center services in local communities
- HSAG is the LEC for all of Rural California
 - Have proven experience in all tasks through DOQ-IT, Prevention Initiative, MCMP
- What's next?
 - Join CalHIPSO!
 - We have enrollment forms

Questions?

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