Meaningful Use
of Electronic Health Records

A Brief Overview

- Introduction to Meaningful Use and Relationship to Electronic Health Records
- <u>Know</u> what resources are required
  - Project management
  - IT
  - CAC
  - CMS knowledge/persistence
  - Performance monitoring (clinical and administrative)
- <u>Begin</u> your plan (tasks, assignments, schedule)

What is it and how does it affect us?

- **Required by CMS, "Meaningful Use" is using "<u>CERTIFIED</u>" EHR technology in a meaningful way to:**
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - While maintaining privacy and security
- **Goal : Use good patient/encounter information to monitor and improve the quality of care.**

- **CMS provides incentive payments to promote adoption and meaningful use of a certified EHR**
  - **Eligible hospitals can apply for both Medicare AND Medicaid incentive payments.**
  - **Eligible providers can apply for Medicare OR Medicaid**

Stage 3
2015+

Stage 2
2013-2014

Stage 1
2011-2012

Data capture and sharing

Advanced clinical processes

Improved outcomes

Slide content adapted from CMS (EHR_Incentive_Program_EP_Training_Final ONC changes 8 10 10.pptx)
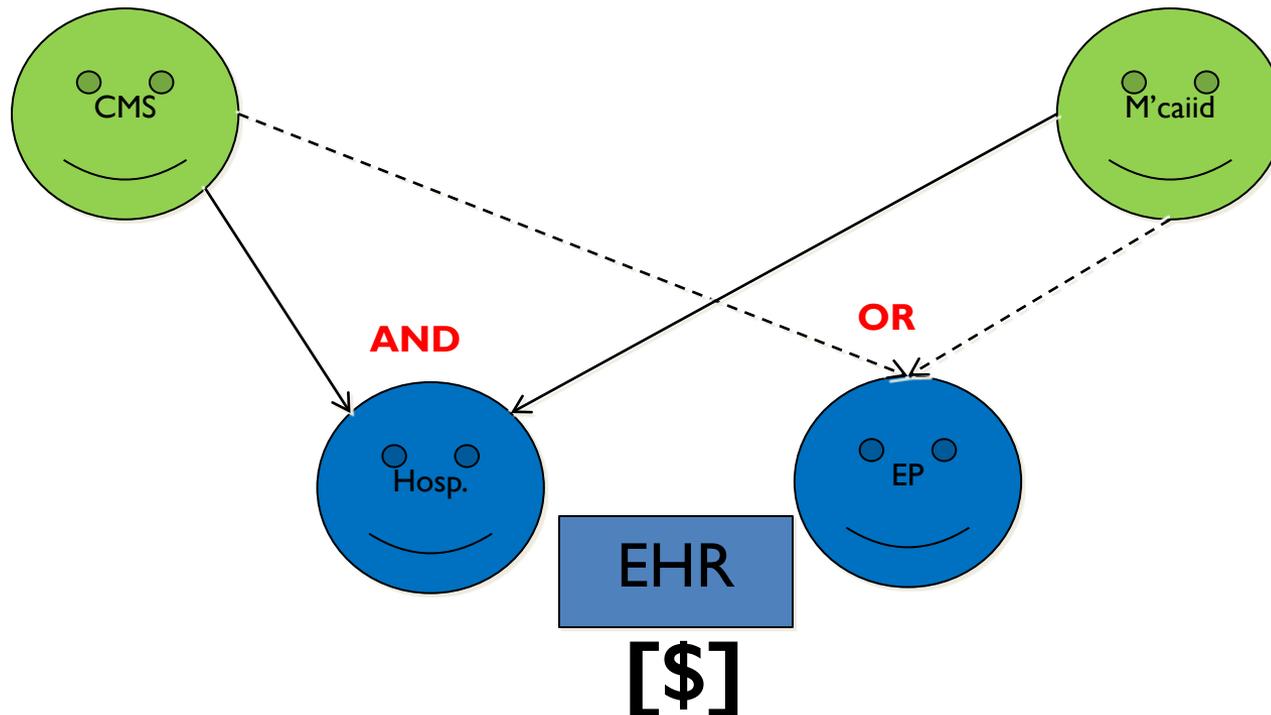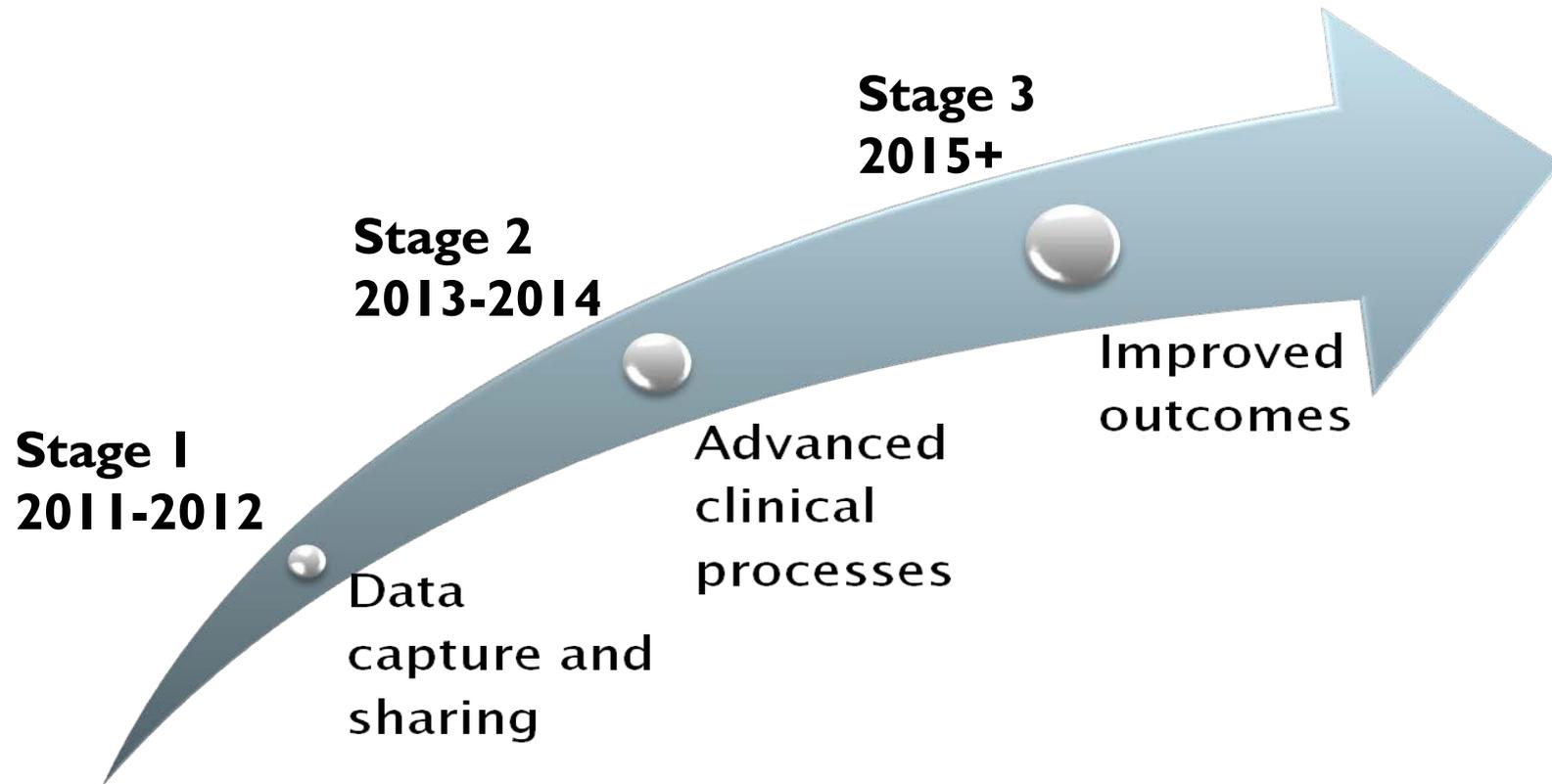
STEPS TO RECEIVE EHR INCENTIVE PAYMENTS

Indian Health Service, Tribal or Urban Indian Health Programs (I/T/U) eligible hospitals and eligible professionals can qualify for EHR incentive payments if they meet eligibility and other requirements of the Medicaid and/or Medicare EHR incentive programs.

KEY STEPS

Determine Eligibility

Register

Use Certified EHR technology

MEDICARE: Attest meaningful use of certified EHR

MEDICAID: Qualify by adopt, implement, upgrade certified EHR in 1st participation year

Receive EHR Incentive Payments
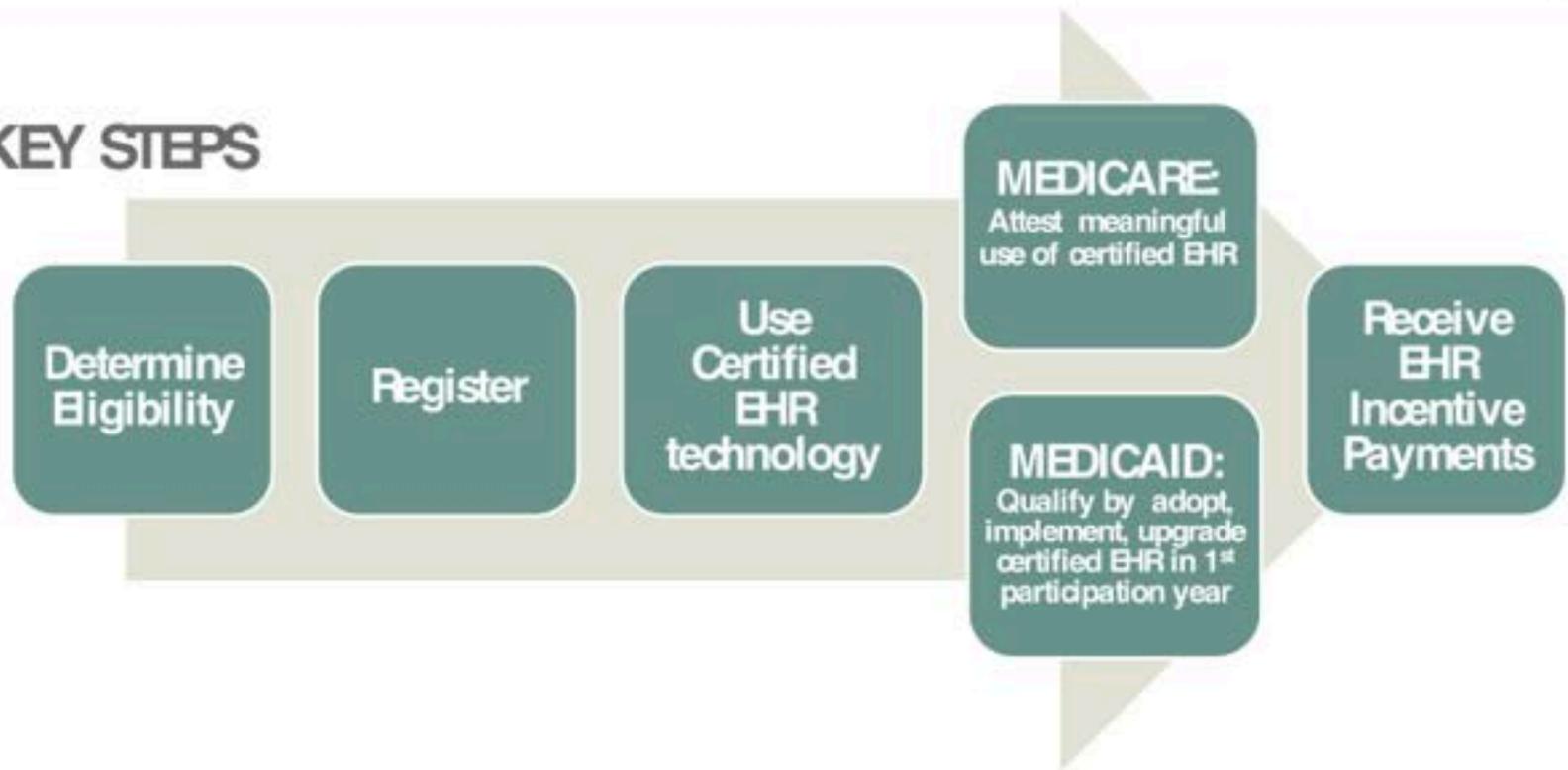
Detailed requirements and schedules for these steps differ for Medicare and Medicaid and for eligible hospitals and eligible professionals. Refer to the CMS EHR Incentive Programs website for details.

EHR Overview

Presenter: Elvira Mosely

Clinical Application Coordinator

Phoenix Area Office
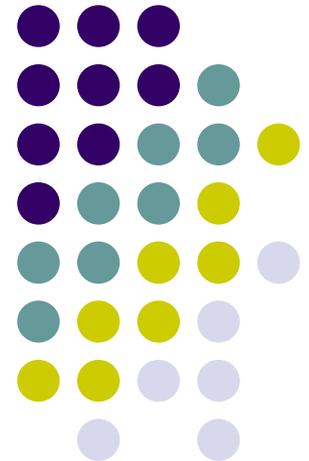
RPMS Optimization EHR beginning
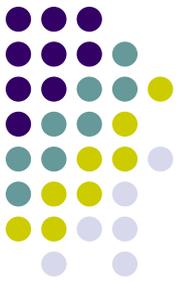
- EHR is not a stand alone software, it requires certain RPMS packages to include the following but not limited by:
  - Patient reg
  - Scheduling (PIMS)
  - PCC data entry
  - ADT (for inpatient sites)
  - Third party - AR
  - Pharmacy
  - Lab
  - Immunization
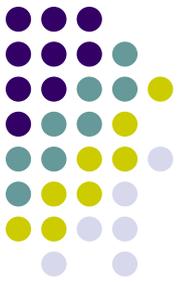
Continued

- CHR
- RCIS
- Radiology
- Diabetes
- Allergies
- Women's Health
- Asthma
- Point of Sale
- Patient Flag
- Health Summaries and Patient Wellness handout

AdPac
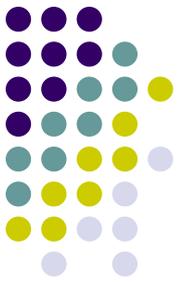
- Each package requires close monitoring and configuration
- Assign a AdPac for each package
- Patches
- Training for each package
- Address turn-over of Staff
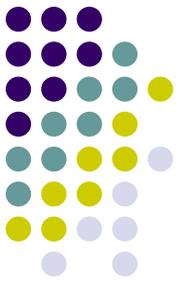
Local CAC

- EHR requires a Clinical Application Coordinator
  - Address training needs
  - Configuration changes
  - Manage EHR upgrades
  - Co-CAC's
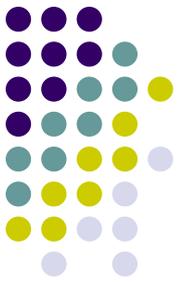
Multi-disciplinary approach

- EHR is a multi-disciplinary program
  - **Not** an IT program
  - Requires all disciplines to offer advise and assist with configuration
  - It is a process change
  - Implement process change model (PDSA)
  - Needs leadership support
  - Might require modification of duties
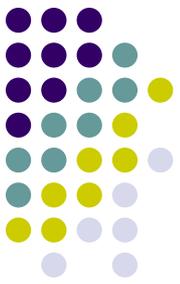
Improve patient care

- EHR will improve patient care
- Will require workflow assessment
- Do Not "electronize" bad workflow process!
- Keep in mind each person's role and/or licensure limitations when configuring the system
- Remember that EHR goal is to IMPROVE PATIENT CARE.
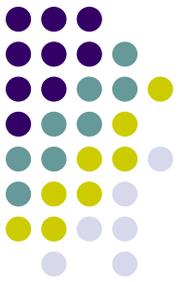
EHR Live!

- Sites needs to address
  - Turn-over of staff
  - Orientation program
  - Temporary Staff (agency)
  - Configuration, new enhancements and troubleshooting
  - Contingency Plan
  - Legal Medical Record (Matrix)
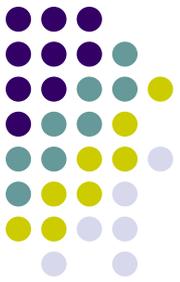
EHR Sites Deployed

Site	Year Deployed
PIMC	2005
Salt River (PIMC)	2005
Hopi Health Care Center	2005
Whiteriver	2005
Cibecue (Whiteriver)	2005
Parker Service Unit	2006
Ft Duchesne	2006
Elko Service Unit	2005
Peach Springs	2008
Supai	2008
Chemehuevi	2008

EHR Sites Deployed
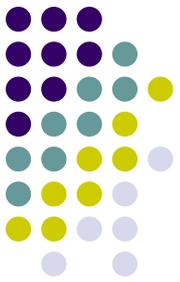
Site	Year Deployed
Ft McDowell	2007
Yavapai Apache	2008
Ft McDermitt	2011
Gila River	2004
Reno Sparks	2006
Washoe	2008
Pyramid Lake	2010
Gila Crossing	2008
Ak-Chin	2008
Komatke	2008
Fallon	2010
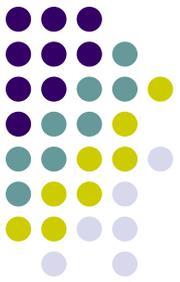
EHR Sites Deployed

Site	Year Deployed
Ft Mohave (IPC site)	2011
Cedar City	2012
Walker River	2011
Yerington	2011
Nevada Urban Inc.	2011
Native American Community Health Inc. (Urban)	2011

EHR Sites In Progress
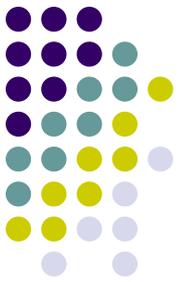
Site	Status
Goshute	Configured but Not in Use
Duckwater	Configured but Not in Use
Ely	Configured but Not in Use
Las Vegas/ Moapa	going live July 30 – August 3
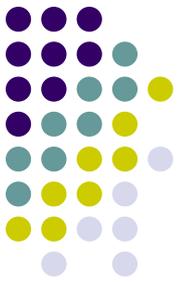
# EHR plan for 2012-2013

- Built CAC capacity
  - EHR CAC training
  - Phx Mentorship program
  - CAC internship program
- Process, workflow designs
  - Work as a team – multidisciplinary
  - Assess and Improve current processes
  - Standardize practices

Continues
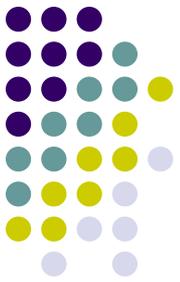
- Implement EHR for treatment facilities
  - Desert Vision and Desert Sky
- Prepare for Stage II Meaningful Use requirements

EHR Journey
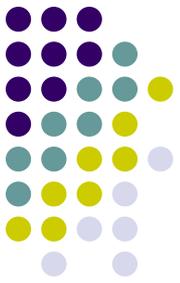
- the implementation and deployment of EHR is not a single project, but a series of initiatives that represent more of a "journey" than a "destination".

- Meaningful Use
  - Stage 2 – Clinical Quality Indicators
  - Stage 3 – Improved Outcomes Measurement
- Health Information Exchange
- ICD – 10 Transition
- IT Security

Questions?