

STAGE 1 MEANINGFUL USE – ARE WE THERE YET?

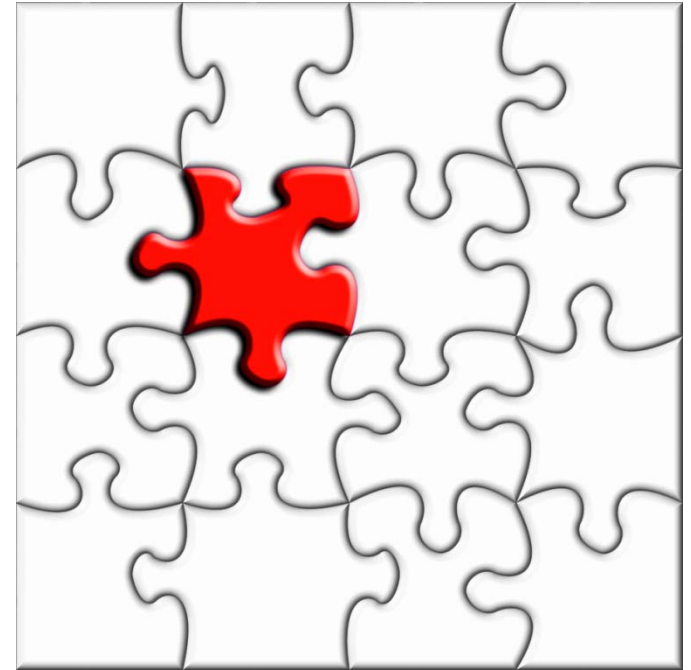
Karen Barker, VP and CIO, Lifebridge Health
Jim Oakes, Principal, Health Care Information
Consultants

April 28, 2011

Meaningful Use - One Piece of the Puzzle

One of many factors driving healthcare

- Demands for more data
- Drive to measure and improve quality and contain costs
- Forcing information to come through certified EHR reduces ability to “game” the system
- Virtual certainty that automated systems will be necessary to participate in new healthcare delivery models
- Changes take time to implement
- Not just an “IT” problem!



“Meaningful Use” Criteria

- Extremely detailed
- Prescriptive
- Some criteria open to interpretation
- Attestation required to claim payment
- Evidence required to back up attestation
- Concept (and consequences) of attestation requirements unfamiliar to many CIOs
- Dual challenges
 - Detailed reporting and analysis required to determine compliance and measure progress
 - High level summarization required to communicate status and progress to key executives
- “If you’re not concerned, you’re not paying enough attention”
- Readiness assessment vs. audit

Readiness Assessment Summarization

System Certification / Functionality

EHR Adoption (*key to using the system*)

Interoperability

Security Assessment

Implementation and Deployment

Reporting / Monitoring of MU Measures

Registration, Submission and Program Tracking

Building for the Future

Hospital Readiness Assessment Protocol

Review Existing Source Documents:

- Internal scorecard
- Application stack and core / menu item mapping to current and future applications
- Security policies, procedures and reviews
- Vendor communications
- Work plans



Readiness Assessment Protocol

- Review and documentation of current productive EMR systems
- Review and documentation of workflow processes supporting each core/menu measure (both automated and manual)
- Identify gaps in system or process as well as risks for each measure

Risk Assessment Process

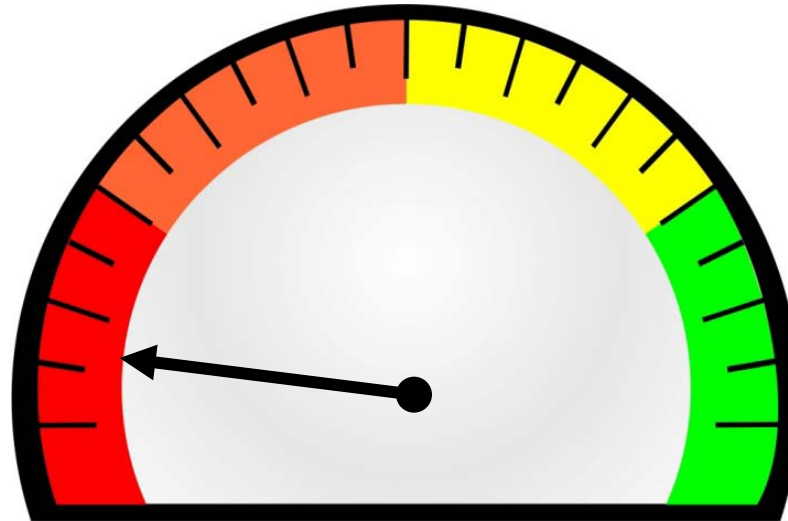
- Prepare Gap Analysis
 - Identify gaps
 - Develop recommended process change/addition
 - Establish project sponsor
 - Establish timeline
- Identify risks and mitigation strategies
i.e., vendor delivery of certified versions

Dashboard (Sample)

Note: All core and menu objectives compliance evaluated, not
Just those that will be used for Stage 1 attestation

Status Report (Core)

Measure: Maintain an up-to-date problem list of current and active diagnoses **[80%]** **[C-MU1-4]**



Status or Next Step(s): Capability will be supported by certified software; scheduled install Q3; process/implementation questions

Responsible: VP Pt Care/VPMA

Measure: Record and chart changes in the following vital signs

****[>50%] [C-MU1-7]**

>Height

>Weight

>Blood Pressure

>Calculate and display body mass index (BMI)

>Plot and display growth charts for children 2 - 20 years, including BMI.



Status or Next Step(s):

Growth charts not implemented; software scheduled for delivery Q3

Responsible: CIO/VP Pt Care

Measure: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically [*Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.*] **[C-MU1-13]**



Status or Next Step(s): Need to determine trading partner (local HIE not available)

Responsible: CIO

Measure: The eligible hospital who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral [$>50\%$] [M-MU1-7]



Status or Next Step(s): Need to determine trading partner; determine if CCD meets requirement

Menu/optional item for stage1 but required for stage 2

Responsible: VPMA/CIO

About Lifebridge

Organization

Ambulatory – 300+ Providers

Sinai Faculty Practice

Sinai and Northwest

Hospitalist Service

Community Practices

Hospitals

Sinai Hospital of Baltimore

Northwest Hospital Center

Post Acute

**Levindale – Adult Day Care
through Chronic Hospital**

**Courtland Gardens -
Skilled Nursing**

EMR Platforms

Ambulatory EMR – Cerner

**PowerChart Office (same,
patient-centered database)**

- E-prescribing
- CPOE
- Clinical documentation

**Hospital (including ED) EMR –
Cerner PowerChart**

- Repository
- CPOE
- Clinical documentation
- Pharmacy
- Lab / Radiology / Surgery

**Personal Health Record -
Cerner**

Post Acute - HCS Interactant

Taking the High Road and Finding a Pleasant Surprise

Hospitals

- ✓ Began separately in mid-90's
- ✓ Two hospital EMR instances consolidated in 2002 after merger
- ✓ Always focused on improving care; tracked recommendations from IHI, NCQA...
- ✓ Never anticipated being reimbursed for investments made to improve care. Expect to recoup approximately 50% of investment

Ambulatory

- ✓ Ambulatory EMR purchased in mid-2000's for Sinai Faculty
- ✓ Picked Cerner PCO to facilitate continuity of care
- ✓ Stumbled in 2007 with highly specialized practice then realized product had more immediate value in medical practices
- ✓ 3 IM practices brought live in last 13 months
- ✓ Go / stop / go / stop...

- "What's best for the patient (not the doctor, nurse, pharmacist...)"
- No financial ROI measurements

One of Many Score Cards - LifeBridge Hospitals High Level

Northwest

Sinai



CPOE

Drug-drug and drug-allergy checking

Demographics

Problem list

Active medication list

Active allergy list

Vitals

Smoking status

CDS rule

Report CQM measures from EMR

Electronic copy of health info

Electronic copy of discharge instructions

HIE test

HIPAA security

Drug-formulary checks

Advance directives

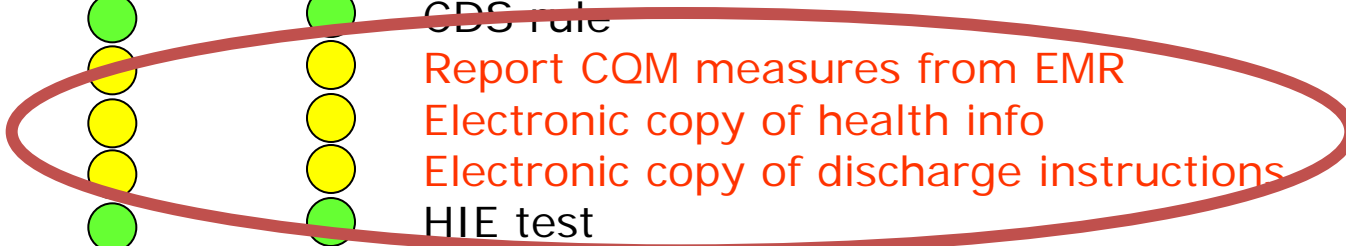
Structured lab results

Patient lists by condition

Patient specific education

Public health data

New Focus



Ambulatory EMR Capability Score Card – Less than 10% of LBH Providers Live on EMR

- CPOE
- Drug-drug and drug-allergy checking
- E-Prescribing
- Demographics
- Problem list
- Active medication list
- Active allergy list
- Vitals
- Smoking status
- CDS rule
- Report CQM measures from EMR
- Electronic copy of health info
- Provide clinical summary
- HIE test
- HIPAA security

- Drug-formulary checks
- Structured lab results
- Patient lists by condition
- Electronic access to health info
- Patient specific education
- Public health data

*Switching gears
again – Avoiding e-
prescribing penalty*

Next Steps - Embracing the Intent

Hospitals

- Maintain adoption levels tracked for 9+ months
- Developing operational plans for provision of electronic health information
- CQM Measures - 15+ additional measures
- Looking ahead to Stage 2

Medical Enterprise

- Rolling out required functionality to live practices
- Prioritizing specialty practices
- Figuring out alternatives for templated notes / consult letters (Stage 2)

This is a well conceived and tightly controlled offering with real consequences.

Challenges

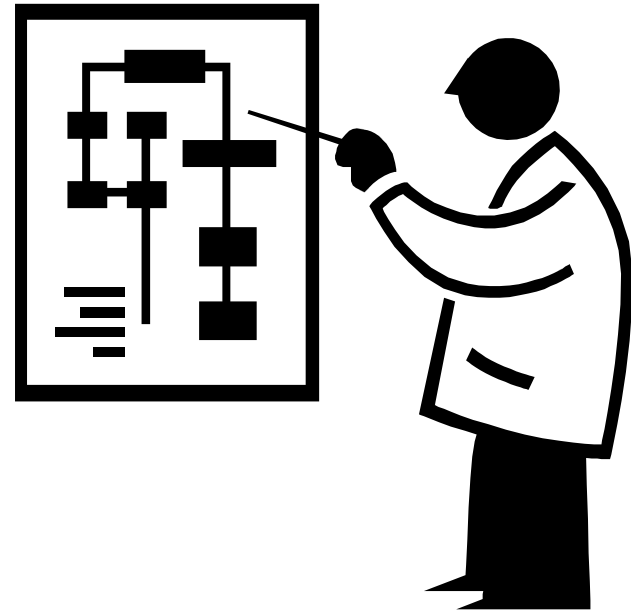
1. Hospitals - Stay the course (and don't cheapen the message)
2. Providers – Accelerate
3. When should we attest? – Sooner is tempting but should we wait to provide additional time to prepare for Stage 2
4. Are we there yet? Validating internal reports with Cerner standard
5. Do we have 3rd party validation of our eligibility?
6. How do we prepare for an audit?

You can't complete the journey without clinical leadership being at the helm!

Hospital Audit Process

Validate Measurement Report Output

- Perform just prior to attestation?
- Identify hospital developed vs. vendor developed reports and tie to ensure validity/consistency
- Ensure proper data-field capture in reports
- Establish/review regular reporting schedule for tracking and monitoring



Hospital Audit Process

Perform Clinical Record Audit

- Determine sample size and randomize
- Develop record audit procedure
 - Target applications
 - Online inquiry
 - Hardcopy reports or screen prints
- Record findings and calculate %

Hospital Audit Process

Security Risk Assessment

- Review the Security Risk Process established in the hospital
- Document security updates
- Validate that identified deficiencies have been adequately addressed

Hospital Audit Process

- Prepare Evidence Book
 - Measure by measure application mapping
 - Decisions
 - Assumptions
 - Exclusions
 - Processes
 - Reports
 - Audit findings
 - Sampled patient records
 - Document achievement of binary measures

Eligible Provider Audit

- Subset of the Hospital Audit
- Evidence book is still the audit product
- Sampling optional?

Considerations

Interpretation

Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate. [10%]

This does not relate to patient teaching in the care setting but....

“the objective and associated measure should make clear that the EP, eligible hospital should utilize certified EHR technology in a manner where the technology suggests patient-specific educational resources based on the information stored in the certified EHR technology.”

Closing Observations

- Many remaining questions
- Many answers lead to more questions
- CMS Meaningful Use Attestation Calculator posted on April 26 (<http://www.cms.gov/apps/ehr/>) can provide guidance
- Other resources available
- For further information, contact
 - Karen Barker kbarker@lifebridgehealth.org
 - Jim Oakes joakes@hcicllc.com