

# Challenges and Forces Driving Adoption Of Health Information Technology and Electronic Healthcare Records

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**In this segment on Electronic Healthcare records, being sponsored by Physicians Office Resource, we will look at:**

## **The National Vision for HIT Meaningful Use**

As a provider it will be important for you to understand and make decisions based on Meaningful Use, we will explain to you what to look out for and when to look for the Meaningful Use Guidelines.

### *So What Should Physicians Do Now?*

Get Ready to Demonstrate Meaningful Use if you already have an EHR...Make sure it is “certified” for Meaningful Use it may require additional 3<sup>rd</sup> party solutions so check this out!

- Make Meaningful Use a verifiable habit it needs to be a focus.
    - Engage your practice leadership in EHR optimization and Meaningful Use by all. Connect to RHIO / HIE if available
  - Establish Meaningful Use-relevant interfaces (e.g., lab, cardiology)
  - Make Meaningful Use a team effort with team rewards get your staff excited and have them understand the value of the AARAFunding
- 
- If you don't yet have an EHR...
    - Don't wait...make a plan and then act on it
      - Get an EHR system now! You will need to start compiling data now to get the 2011 reimbursements.

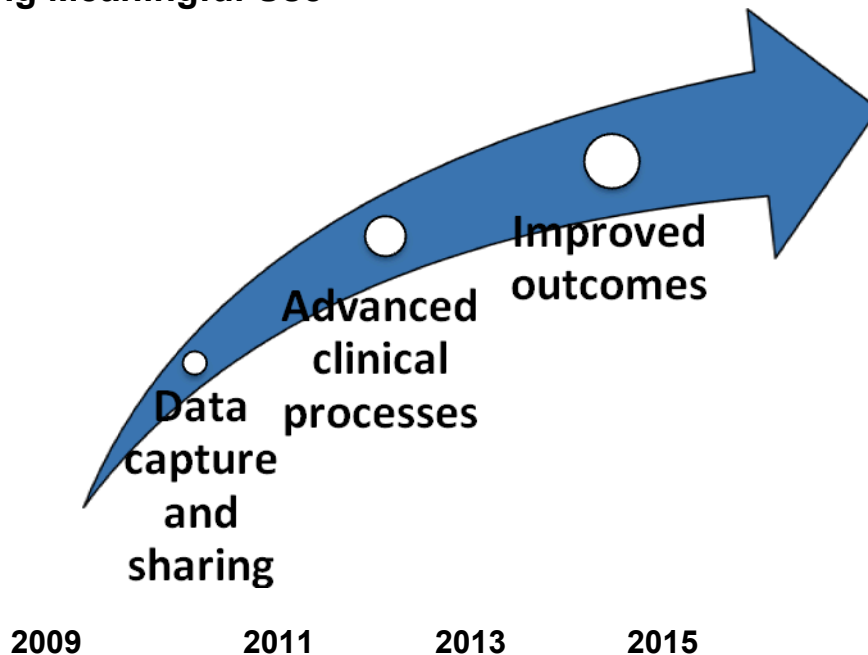
- Consider getting help from those “nearby” with experience and resources, Invest in a good Consultant, they can save you \$\$\$\$\$
- Decide about local install vs. hosted systems
- Discover and support your champions
- Decide and commit the correct time and resources for implementation and training... do not think that you can get trained in 3 days!

What Hospital-based Physicians should do...

- Help your hospital implement and/or optimize HIT through positive engagement, support, and your subject matter expertise
  - Participate in HIT governance, advisory committees, focus groups, design-build-validate sessions, training opportunities, process improvement, quality initiatives, etc.

### **Bending the curve towards Transformed Health**

#### **Achieving Meaningful Use**



*“Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement”*

## **Example:**

### **Begin with the End in Mind, what do you need and want?**

- Goal
  - 85% of patients with HTN and high LDL are well-controlled
- Advanced care processes
  - Use of evidence-based order sets
  - Monitoring and addressing medication adherence
  - Clinical decision support at the point of care
  - Patient outreach and reminders
  - Quality benchmarking and reporting
- Clinical data capture (queried and trended)
  - Systolic & diastolic blood pressure
  - Problem list and Medication list
  - Laboratory tests and procedures
  - Prescription fill histories

### **Relationship to Health Reform and Affordability**

- Direct Cost Reduction
  - Reduction in medication errors
  - Better formulary adherence, generic med use
  - Fewer redundant tests due to better information
- Provides information infrastructure for health reform
  - Clinical quality measurement (outcomes)
  - Care coordination (e.g., to reduce readmissions)
  - Reduction in inappropriate care
  - Primary care capacity (e.g., non-visit-based care)
  - Prevention

### **Initial Metrics and Validation**

- Provider uses (and patient has access to) clinically relevant electronic information, *not just existence of HIT*
- Use automatic reporting to avoid unnecessary reporting burden for clinicians
- Verification to be performed by CMS
- Consider use of PQRI EHR/registry receiving capabilities
- Attestation will be necessary for some criteria (for now)
- Use escalating thresholds

## Criteria for 2013 and Beyond

- Additional metrics are required
  - Additional efficiency measures
  - “Inappropriate use” measures
  - Patient safety
  - Care coordination
- Transition from “pay for reporting” to “pay for outcomes” as per the CMS EHR demonstrations

### Meaningful Use Matrix 6/16/2009

Health Outcomes Policy Priorities	Care Goals	2011 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>	2011 Measures	2013 Objectives <i>Goal is to guide and support care processes and care coordination</i>	2013 Measures	2015 Objectives <i>Goal is to achieve and improve performance and support care processes and on key health system outcomes</i>	2015 Measures
<b>Improve quality, safety, efficiency, and reduce health disparities</b>	<ul style="list-style-type: none"> <li>• Provide access to comprehensive patient health data for patient's health care team</li> <li>• Use evidence-based order sets and CPOE</li> <li>• Apply clinical decision support at the point of care</li> <li>• Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc)</li> <li>• Report to patient registries for quality improvement, public reporting, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Use CPOE for all order types including medications [OP, IP]</li> <li>• Implement drug-drug, drug-allergy, drug-formulary checks [OP, IP]</li> <li>• Maintain an up-to-date problem list [OP, IP]</li> <li>• Generate and transmit permissible prescriptions electronically (eRx) [OP]</li> <li>• Maintain active medication list [OP, IP]</li> <li>• Maintain active medication allergy list [OP, IP]</li> <li>• Record primary language, insurance type, gender, race, ethnicity [OP, IP]</li> <li>• Record vital signs including height, weight, blood pressure [OP, IP]</li> <li>• Incorporate lab-test results into EHR [OP, IP]</li> <li>• Generate lists of patients by specific condition to use for quality improvement, reduction of disparities, and outreach [OP]</li> <li>• Send reminders to patients per patient preference for preventive /follow up care [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Report quality measures, including:           <ul style="list-style-type: none"> <li>- % diabetics with A1c under control [OP]</li> <li>- % hypertensive patients with BP under control [OP]</li> <li>- % of patients with LDL under control [OP]</li> <li>- % of smokers offered smoking cessation counseling [OP, IP]</li> </ul> </li> <li>• % of patients with recorded BMI [OP]</li> <li>• % eligible surgical patients who received VTE prophylaxis [IP]</li> <li>• % of orders entered directly by physicians through CPOE</li> <li>• Use of high-risk medications in the elderly [OP, IP]</li> <li>• % of patients over 50 with annual colorectal cancer screenings [OP]</li> </ul>	<ul style="list-style-type: none"> <li>• Use evidence-based order sets [OP, IP]</li> <li>• Record clinical documentation in EHR [IP]</li> <li>• Generate and transmit permissible prescriptions electronically [IP]</li> <li>• Manage chronic conditions using patient lists and decision support [OP, IP]</li> <li>• Provide clinical decision support at the point of care (e.g., reminders, alerts) [OP, IP]</li> <li>• Report to external disease (e.g., cancer) or device registries [OP (esp. specialists)] [IP]</li> <li>• Conduct medication administration using bar coding [IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Additional quality reports using HIT-enabled NQF-endorsed quality measures [OP, IP]</li> <li>• % of all orders entered by physicians through CPOE [OP, IP]</li> <li>• Potentially preventable Emergency Department Visits and Hospitalizations [IP]</li> <li>• Inappropriate use of imaging (e.g. MRI for acute low back pain) [OP, IP]</li> <li>• Other efficiency measure (TBD) [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Achieve minimal levels of performance on quality, safety, and efficiency measures</li> <li>• Implement clinical decision support for national high priority conditions [OP, IP]</li> <li>• Medical device interoperability [OP, IP]</li> <li>• Multimedia support (e.g. x-rays) [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical outcome measures (TBD) [OP, IP]</li> <li>• Efficiency measures (TBD) [OP, IP]</li> <li>• Safety measures (TBD) [OP, IP]</li> </ul>

## Meaningful Use “Through the Patient’s Eyes”

- Patients and families expect us to
  - Only use “safe and effective” EHRs
  - Record, retain, organize, use, safeguard, share relevant health information correctly
  - Keep them informed, answer their questions in a timely manner
  - Communicate, coordinate with each other
  - Get their medications right
  - Make sure they get everything they need
  - Use decision support when we need it

We suggest that the best way to frame the measures is “through the patient’s eyes” – that is from what we see to be the patient’s perspective on meaningful use of health IT, and that the measures should reflect evidence of each of these perspectives. To that end, we believe that patients and families expect that during the time period between 2011 and 2015, their healthcare professionals will:

Use only EHR systems that are considered “safe and effective” by a trusted authority.

Appropriately record, retain, organize, use, safeguard and share relevant health information about them with other authorized members of the care team.

“Keep me informed and answer my questions” – Make their important health information (results, actions, advice) available to them in a timely and convenient manner, in a format that fits their preferences, including electronic means.

“Talk to each other” – Providers should communicate important information about the patient in a timely manner and use it to make coordinated, patient-centered decisions.

“Handle my medications and prescriptions” – Use technologies and processes such as electronic prescribing and medication reconciliation to protect patients against medication errors, preventable adverse events, inconvenience and unnecessary expense.

“Make sure I get everything I need” – Implement and use clinical decision support tools such as alerts, reminders, protocols and other patient-specific electronic strategies to help providers ensure their patients get the right care at the right time.

“Get help when I need it” – use electronic knowledge resources as needed to resolve unanswered clinical questions, get the latest information, and support clinical decisions.

### **Improve Quality, Safety, Efficiency... *Timing Feedback***

- 2011 is only 18 months away
  - Reminder that a 12/2012 start date (3.5 years) still qualifies for full incentive potential
- If organization cannot meet 2012, the 2013 criteria sets an even higher bar (“rising tide”)
  - Use “adoption year” timeframe
    - 2011 measures applies to first adoption year even if HIT adopted in 2013
    - 2013 measures applies to 3<sup>rd</sup> adoption year
    - CPOE too fast (primarily hospitals)
    - Establish 10% threshold of CPOE orders for hospitals
    - Start clinical decision support earlier
    - Need to implement EHR before turning on rules; also need to populate the database (takes time)
    - “Implement one clinical decision rule relevant to high clinical priority”

### **Patient and Family Engagement**

- Provide access to electronic health information (in addition to electronic copy)
  - Included in 2011
  - Moved up real-time access to patient information in PHR from 2015 to 2013

### **Efficiency Measures, *Feedback***

- Dearth of measures focused on efficiency and waste reduction
- Initial starter set
  - % of all meds entered into EHR as generic, when generic options exist in the relevant drug class

- % of orders for high-cost imaging services with specific structured indications recorded
- Claims submitted electronically to all payers
- Eligibility checks performed **electronically**

### **Specialists, *Feedback***

- “What about me?”
- General approaches discussed
  - Require specialists’ participation in electronic registries (approved by CMS) as relevant and available

### **Improve Care Coordination, *Feedback***

- Need better outcomes measures for care coordination
  - Propose 2013 measure of 10% reduction in 30-day readmission compared to 2012
- HIE organizations do not currently exist or do not connect all clinical trading partners
  - Require capability and exchange where possible in 2011

### **Privacy and Security, *Feedback***

- Clarify “under investigation”; could any complaint trigger “investigation”?
  - Length of investigation could also potentially cause a missed payment (even if found “not guilty”)
  - Intent was to disallow participation in HIT incentives if confirmed HIPAA violation goes unresolved
  - Revised wording: “...recommend that CMS withhold meaningful use payment for any entity until any confirmed HIPAA privacy or security violation has been resolved”
- How can federal program “enforce” compliance with state privacy laws?
  - Shift to Medicaid section: “...recommend that state Medicaid administrators withhold meaningful use payment for any entity until any confirmed state privacy or security violation has been resolved”



## Meaningful Use Framework

### Where Things Stand Now...

#### Phasing of Meaningful Use Criteria *Some Considerations*

- **Enable health reform**
- **Focus on health outcomes, not software**
- **Recovery Act provisions**
  - **Timelines fixed (2015, 2011-12)**
  - **Funding rules defined (front-loaded incentives)**

- Urgency of health reform
- Outcomes improvement

- Currently available EHR capabilities
- Time needed to implement
- Small practice realities



Availability of Technical Assistance and Exchange Capabilities

## Policy Reform

### Health Care Policy Priority #1

- Improve Quality, Safety, Efficiency, and Reduce Health Disparities

#### Improve Quality, Safety, Efficiency, and Reduce Health Disparities 2011 Objectives

Front/Back Office	MA / Nurse	Physician	System
Record race, ethnicity, gender, insurance, language	Record advance directives	Maintain current problem list (ICD-9 or SNOMED)	Lab results → EHR structured data
Check insurance eligibility electronically	Record HT, WT, BP	Document progress note for each office encounter	Generate list of patients by specific conditions
Submit claims electronically	Calculate and display BMI	Computerized provider order entry	Report quality measures to CMS
Send patients care reminders per patient preference	Record smoking status	Use e-prescribing	
	Maintain active med list	Drug-drug / allergy / formulary checks	
	Maintain an active med allergy list	Implement one relevant clinical decision rule	

**Improve Quality, Safety, Efficiency, and Reduce Health Disparities  
2011 Measures**

Percentage of...	Percentage of...
Patient encounters with insurance eligibility confirmed	Diabetics with A1c under control
Claims submitted electronically to all payers	Hypertensive patients with blood pressure under control
Patients with a recorded BMI	Patients at high risk for cardiac event on aspirin
Patients receiving flu vaccine	Patients with LDL under control
Patients > age 50 with annual colorectal cancer screening	Orders entered directly by physicians through CPOE
Women > age 50 receiving annual mammogram	Orders for high-cost imaging services with specific structured indications recorded
Smokers offered cessation counseling	Patients receiving high risk meds
Lab results incorporated into EHR in coded format	Meds entered into EHR as generic when generic options exist in relevant drug class

Front / Back Office

MA / Nurse

Physician

System

## Policy Priority # 2

- Engage Patients and Families:

### 2011 Objectives and Measures

2011 Objective	2011 Measure
Provide patients with electronic copy of, or electronic access to, their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures)	Patients with electronic access to personal health information
Provide access to patient-specific educational resources	Patients with access to patient-specific educational resources
Provide clinical summaries for patients for each encounter	Encounters where a clinical summary was provided

Front / Back Office

MA / Nurse

Physician

System

## Policy Priority # 3

- **Improve Care Coordination**

### Hospital – Office – Home

#### 2011 Objectives and Measures

2011 Objective	2011 Measure
Exchange key clinical information among providers of care and patient authorized entities electronically	Implemented ability to exchange health information with external clinical entities (labs, medication lists, care summaries)
	Percent of care transitions where summary care record is shared (any modality)
Perform medication reconciliation at relevant encounters and each transition of care	Percent of encounters where medication reconciliation was performed
	30-day readmission rate

## Policy Priority # 4

- Improve Population and Public Health

### 2011 Objectives and Measures

2011 Objective	2011 Measure
Submit electronic data to immunization registries where required and can be accepted	Report up-to-date status of childhood immunizations
Submit electronic syndrome surveillance data to public health agencies according to applicable law and practice	Percent of reportable laboratory results submitted electronically

Front / Back Office

MA / Nurse

Physician

System

## Policy Priority # 5

- Ensure Adequate Privacy and Security Protections for Personal Health Information

2011 Objective	2011 Measure
Compliance with HIPAA privacy and security rules	Full compliance with the HIPAA Privacy and Security Rule
Compliance with fair data sharing practices set forth in the National Privacy and Security Framework	Conduct or update a security risk assessment and implement security updates as necessary