

Update on HITECH & Other Recovery Act HIT Provisions

October 21, 2010
Conference Call

Sponsored by:

- **Minnesota e-Health Initiative**
- **Minnesota Department of Health**
- **Minnesota Department of Human Services**



Monthly Update Calls

- Purpose of the Calls:
 - Brief update on issues important to Minnesota Stakeholders
 - Provide a Q & A opportunity
 - Compliment other communications activities
- Monthly Timing of the Calls
 - Usually Third Thursday of the Month from 4:00 - 4:45 p.m.
 - Next Call Scheduled for November 18, 2010
- E-mail feedback & suggestions for improvement to bob.b.johnson@state.mn.us

Plan for Receiving Questions From Conference Call Participants

- All lines will be muted during the call
- E-mail questions to bob.b.johnson@state.mn.us at any time during the presentation
- Questions will be addressed following the presentation

*Following the call:
Questions will be reviewed and staff will identify future
resource materials to be posted.*

Reminder

- We don't have all the answers but we are very interested in hearing your questions and your perspectives.

Meeting Agenda

- Overview and Update on Regional Extension Assistance Center for HIT (REACH) Programs
- Comments and Questions

REACH—Regional Extension Assistance Center for HIT Updates

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Regional Extension Assistance Center for HIT

GET STARTED TODAY

EHR functionality,
reporting,
connectivity

Patient safety,
care quality,
efficiency,
incentive dollars

**Meaningful Use
by 2012**

Outline

- Who is REACH
- Updates and changes
 - Critical Access/Rural Hospital Supplemental funds
 - New Eligibility criteria
 - Fall sale
 - Meaningful Use Assessment
- Registration process
- Q and A's

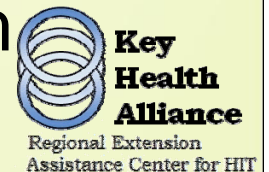
HITECH Funding Initiatives

Funding Initiative	Focus
CMS Incentives (Section 4201) For “meaningful use”	Incentive payments to eligible professionals and hospitals participating in Medicare and Medicaid programs that adopt and meaningfully use certified EHRs
Regional Extension Centers (Section 3012)	Establish up to 70 Regional Extension Centers to support providers in adopting and becoming meaningful users of health information technology (HIT)
Health Information Exchange (Section 3013)	Support state programs to ensure the development of health information exchange
HIT Workforce Development (Section 3016) University-based Training; Community College Consortia; Curriculum Development; Competency development	Create several distinct programs that aim to support the education of HIT professionals . Train up to 45,000 new HIT workers to assist providers in becoming meaningful users of EHRs
Beacon Community Program (Section 3011)	Create up to 15 demonstration communities to show how the meaningful use of EHRs can achieve measurable improvement in the quality and outcomes
Strategic Health Information Technology Advanced Research Projects (SHARP) - (Section 3011)	Achieving breakthroughs to address well-documented problems that have impeded adoption of HIT, including the security, cognitive support, health care application and network architectures, and secondary use of EHR data



Regional Extension Assistance Center for HIT (REACH)

- Project of Key Health Alliance: Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica
 - Strong track record of success in HIT and EHR technical assistance and support
- Working in close cooperation with:
 - North Dakota Health Care Review, Inc.
 - University of ND, Center for Rural Health



Federally Subsidized Services

- Providers without an EHR or with an EHR who wish to achieve meaningful use and beyond
- Greatest discount for primary care providers, defined as:
 - Physicians and health care professionals with prescriptive privileges
 - Physicians, physician assistants, nurse practitioners, nurse midwives
 - Providing primary care
 - Family medicine, internal medicine, Ob/Gyn, pediatrics
- Subsidized services also available
 - Large multispecialty clinics with primary care providers
- Nonprofit rates available for specialty clinics and other settings of care
- Small and Critical Access Hospitals NOW FUNDED!



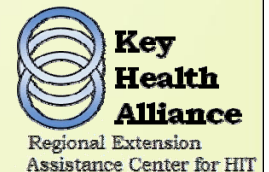
REC Hospital Supplement

- Provides HIT technical assistance to rural and critical access hospitals
- Supplement: \$1.488 million, 2/10 – 2/12 and covers 124 hospitals (88 in MN)
- Hospital revenue to REACH is \$12,000 with 3 milestones of \$4,000 each (register, Go Live, Achieve MU). Match = \$1,350 per hospital.



Hospital Approach

- **EDUCATION**
 - Webinars
 - Workshops
- **ASSESSMENT**
 - Readiness
 - Gap Analysis
- **ON-SITE TA**
 - Following assessment, a review of work plan
- **NETWORKS**
 - Recruitment
 - Hospital HIT support
- **LEARNING AND SHARING COLLABORATIVES (COHORTS)**
 - Stage of implementation
 - Access to tools and resources, conference calls for peer sharing and support from REACH staff and SMEs



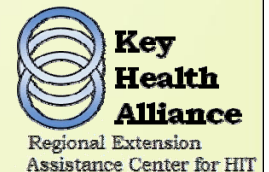
New Eligibility Criteria for Clinics

- **INDIVIDUAL AND SMALL GROUP PRACTICES OF TEN OR FEWER PROFESSIONALS**
 - All small (10 or less priority primary care provider) practices
- **PUBLIC HOSPITALS**
- **CRITICAL ACCESS HOSPITALS**
- **COMMUNITY HEALTH CENTERS**
- **RURAL HEALTH CLINICS (RHC)**
- **OTHER SETTINGS THAT PREDOMINANTLY SERVE UNINSURED, UNDERINSURED, AND MEDICALLY UNDERSERVED POPULATIONS**
-
- **PRACTICE CONSORTIUM**



Providers well on their way to meaningful use

- Helping you achieve 2011 criteria for meaningful use and preparing you for 2013 and 2015 criteria
- Meaningful use criteria are based on National Priorities Partnership goals for transforming America's Healthcare
 - Improve quality, safety, efficiency and reduce health disparities
 - Engage patients and families in their care
 - Improve care coordination across locations of care
 - Improve population and public health
 - Ensure adequate privacy and security protections for personal health information
- Subsidized services for activities that help you achieve these goals



REACH Value Proposition for Clients with EHRs

- New pricing model
 - One low, fixed price \$1,000/clinic for those REACH qualified organizations
 - MU assessment
 - Gap analysis
 - Work Plan
 - Select HIT consulting services for 1 year based on needs
- New product offering
 - Assess
 - Diagnose
 - Plan work



Assessment Details – The Survey

Designed to be taken by

- 1 clinic leader/operational
- 1 IT/Technical support
- User-Champion – CMIO, etc.
The person who owns the EHR from a clinical standpoint
- Other users – ideal/not necessary

User Profile

The purpose of these questions is to determine your role in your clinic and to route you to appropriate questions.

*1. My role in the clinic is:

Physician Champion, CMIO, EHR Superuser or other clinician who plays a leading role on HIT within the clinic

Health care provider and EHR User

IT or informatics who manages or supports the EHR

Clinic administrator, manager, or director

Save & Continue

Assessment Survey Covers Current Usage and MU Requirements

23. The EHR I use at this clinic is easy to use.

Disagree Strongly
 Disagree Somewhat
 Agree Somewhat
 Agree Strongly
 Don't Know or N/A

24. I received adequate training on the EHR system.

Disagree Strongly
 Disagree Somewhat
 Agree Somewhat
 Agree Strongly
 Don't Know or N/A

25. It is easy for me to find information about my patients using this EHR.

Disagree Strongly
 Disagree Somewhat
 Agree Somewhat
 Agree Strongly

Questions about ease of use, effectiveness, and acceptance

[See sample here](#)

MU Requirement: CPOE
 Computerized physician order entry (CPOE) is used for >30% of unique patients, whose records are maintained in the certified EHR, with at least one medication in their medication list.

45. Does system have capability?

Yes
 No
 Don't Know or N/A

45.1. For what percentage of patients is CPOE used?
 Include only unique patients, whose records are maintained in the certified EHR, with at least one medication in their medication list.

10% or less
 11% - 20%
 21% - 30%
 31% - 99%
 100%

Questions about MU Core Requirements

MU Questions - Menu of Capabilities

Federal Meaningful Use guidelines require providers to select **five** capabilities from a list of 10 and attest to their use. Please select which of the five you believe you will choose.
Note: You may want to scroll through the entire list before you make your selections.

62. Check the box for the five that you believe you will choose.
 NOTE: You MUST select at least one of the two public health criteria below. (Public health criteria are the last two listed and are starred *.)

Implement drug formulary checks with access to at least one internal or external drug formulary for the entire reporting period.
 > 40% of clinical lab test results are stored as structured data for patients whose record is maintained in the certified EHR.
 Generate at least one report of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.
 > 20% of all unique patients 65 years or older or 5 years old or younger, whose record is maintained in the certified EHR, were sent an appropriate reminder per patient preference for preventive/follow up care.
 > 10% of all patients seen are provided with timely electronic access (within four business days) to their health information.
 > 10% of all patients seen are provided patient-specific education resources through the use of certified EHR technology.

Questions about MU Menu requirements



Assessment Details – Interview

- Focused on organization, culture, history of the implementation, etc.
- We want to hear voices, understand frustrations and pride points.
- Takes about 1.5 hours.
- Requires at least one person who understand the clinic's HIT history, etc.
- Ideally, up to 3 - 5 members of EHR team could join in a round-table interview discussion with the REACH consultant

How does the EHR affect the overall efficiency of the clinic?

1. Are patient wait times longer? [click here to enter text.](#)
2. Has transcription been reduced? By what percentage? [Click here to enter text.](#)
3. Are providers spending lots of additional time on charting? [click here to enter text.](#)
4. Has the end-to-end practice: appointment to billing been affected positively or negatively? [click here to enter text.](#)

History of EHR Implementation

1. Did your EHR implementation encounter serious issues when you started? [click here to enter text.](#)
2. If so, please list some of them [click here to enter text.](#)
3. Could you tell us a bit about your conversion strategy? For example, are all charts now converted? How did you accomplish this? [click here to enter text.](#)
4. What are the biggest benefits that you've realized with the EHR? [Click here to enter text.](#)

Clinical Practices in General

1. Are clinical practice standards documented and utilized (either in the EHR or otherwise)? [click here to enter text.](#)
2. Do you have a clinical quality improvement program? [click here to enter text.](#)
3. Are standard treatment plans and order sets agreed upon? [click here to enter text.](#)

Current EHR Capabilities

1. Tell us about what capabilities are housed on within the EHR

Assessment Details - MU Dashboard

- Clever, complex, even elegant tool designed to capture MU compliance at the provider level
- Shows, for each provider R/Y/G for MU transaction requirements
- Still under development – web version coming
- Review of tool itself is instructive on Meaningful Use requirements
- Encourage clients to discuss with vendor – are they offering such a tool or an interface to this one?

<enter name here>
Engage patients and families in their health care

Compliance Year: 2010

Percentage of unique patients seen who are provided electronic access to their health information

Code	90-Day Meet Stats	NEI	NEI	MET	MET
A2HI	Please enter statistics for corresponding Meaningful Use Criteria	Month 1	Month 2	Month 3	Month 4
Month		Jan-10	Feb-10	Mar-10	Apr-10
	Percentage of unique patients seen who are provided electronic access to their health information, subject to EP discretion to withhold certain information, within 4 business days of being updated in EHR (>10%).	11.00%	8.00%	12.00%	11.00%
	Threshold	10.00%	10.00%	10.00%	10.00%
	Number of unique patients seen, regardless of whether patient's				

Draft- Monthly Meaningful Use Dashboard for Practice

Number of Providers: 2

Reporting Month: October-11

	0	0	0	0
Compliant Providers	0	0	0	0
Non-Compliant Providers	2	2	2	2

Stage 1 Criteria for Meaningful Use

Please enter statistics for corresponding Meaningful Use Criteria

Month	Month 1	Month 2	Month 3	Month 4	Month
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11
Percentage of orders CPOE is used to enter (80%):	87.82%	85.40%	89.83%	90.73%	
Drug-drug, drug-allergy, drug-formulary checks implemented:	YES	YES	YES	YES	
Percentage of patients seen have at least one entry or an entry of none recorded in the problem list (80%):	79.73%	81.82%	89.07%	88.38%	
Percentage of prescriptions that are transmitted electronically using certified EHR technology (75%):	72.86%	76.07%	92.36%	92.48%	
Percentage of patients seen that have at least one entry or "none" recorded in medication list (80%):	85.95%	87.53%	88.00%	85.10%	

Our Process – Once Data is Collected

- REACH will develop a report and proposal
- We review the findings and recommendations with client
- We agree on an statement of work and begin to develop timelines and resource requirements

Understanding our Services – REACH Offerings

Among the services REACH may propose are:

- Contract Review
- Assistance with Project Management Infrastructure
- Organization and Workflow Redesign
- Functional Interoperability and Health Information Exchange
- Privacy and Security Best Practices
- Provide basic Crystal and SQL report writing assistance to the client's report writer.
- Facilitation and coaching on physician engagement
- Facilitation of implementation/improvement of Clinical Decision Support functionality
- Facilitation of tracking and optimization to meet and exceed the quality measures the client intends to use to achieve MU

Please review Details on the REACH Menu of Services



REACH Approach- w/o an EHR

- EHR Roadmap guides consultation process
- Focus on organizational change required for success
 - Leadership, culture, workflow redesign
- Provide tools to support your HIT sustainability
- Medicare and Medicaid incentives companion
 - Assist primary care providers and small hospitals to achieve meaningful use of their EHR
 - Enables eligible providers to qualify for Medicare/Medicaid incentive payments



REACH Sample of Services

- Readiness assessments
- Practice and workflow redesign
- Assist in selecting a certified EHR product that offers the best value for your needs
- Vendor contracting
- Process for EHR project management



Fees for Clients Signing Now

	Without an EHR	With an EHR	Multi-site Medical Group >30 sites or >260 providers
Clinics with Primary Care Fee / Co-pay	\$1000/ site \$500/ PCP \$1000/ specialist *	\$1,000/clinic until 11/30/10	Go through scoping process
Critical Access/ Rural Hospital <50 Beds Fee / Co-pay‡	\$1350 / hospital	\$1350 / hospital	N/A

PCP = primary care provider

Specialist = specialty provider

* Provider fees up to cap TBD

‡ Hospital funding is pending. Anticipated award 6/12/10



Register Now

- Greatest subsidies now!
- No commitment with registration
- After registration, we call to understand your situation and see what subsidies we can bring to you
- Design a custom work plan to fit your needs
- Staff of consultants and subject matter experts with experience to meet your needs



Resources

- Meaningful Use
 - <http://healthit.hhs.gov/meaningfuluse>
- HIT Extension Centers
 - http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&parentname=CommunityPage&parentid=58&mode=2&in_hi_userid=11113&cached=true
 - (or go to <http://healthit.hhs.gov/>, select “HITECH Programs” in the left column, then select “Health Information Technology Extension Program”)
- REACH website
 - www.khareach.org





Key Health Alliance—Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica.

www.khaREACH.org
(877) 331-8783 ext. 222

REACH is a project federally funded through the Office of the National Coordinator, Department of Health and Human Services (grant number EP-HIT-09-003).

Questions?

e-mail questions to
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For More Information

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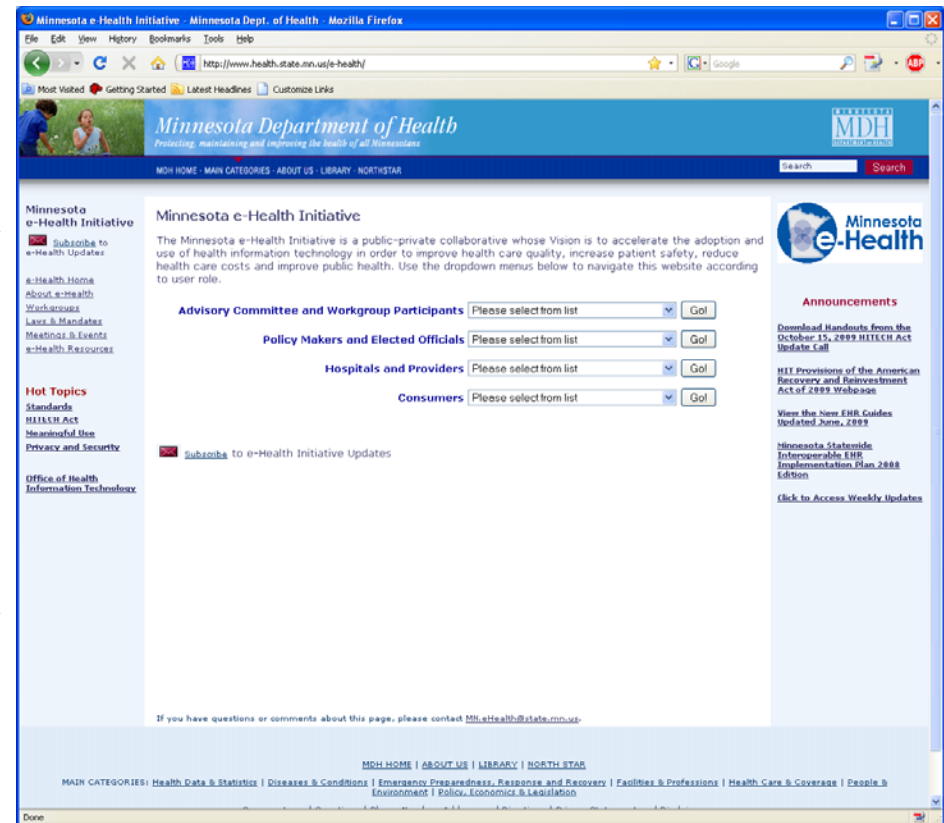
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