

Update on HITECH & Other Recovery Act HIT Provisions

November 18, 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 December 16, 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.

Regional Extension Assistance Center for HIT (REACH) Update



Paul Kleeberg, MD
Clinical Director
Regional Extension Assistance Center for HIT (REACH)

November 18, 2010

Outline

- REACH Update
- How to determine if your EHR is certified
- Finding the:
 - Testing criteria used to evaluate EHRs on each meaningful use criteria
 - Specifications for the quality measures

Regional Extension Assistance Center for HIT (REACH)

- An HIT Extension Center serving Minnesota and North Dakota
- Project of the Key Health Alliance: Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica
- In close cooperation with:
 - North Dakota Health Care Review, Inc.
 - University of ND, Center for Rural Health
- Supported by ARRA funds to assist primary care providers and small hospitals in becoming meaningful users of Health Information Technology



REACH's Commitment

- Working toward realizing the National Priorities Partnership for improving health care with the assistance of Health Information Technology – Our Proposal:
- By February 2012
 - 3600 primary care providers will exceed Meaningful Use Stage 1
- By February 2014
 - 5200 primary care providers will exceed Meaningful Use Stage 1
- But a Program Information Notice (PIN-001) from CMS changed all that...

As a result, we sent a confusing messages...

- February 2010:
 - “We have subsidies to work with you!”
- June 2010:
 - “We don’t have subsidies to work with you.”
- October 2010:
 - “We might have subsidies to work with you.”
- This confusion alienated many potential clients and made it difficult to recruit them

Good News! Clarity from the ONC

- Received final approval of an interpretation of the Priority Primary Care Provider definition on Oct 18th
 - We can now have:
 - A clear definition of under insured and underserved which includes rural
 - Permission to work with small clinics who recently joined a consortium
 - A clear definition of a public hospital (allowing us to work with their clinics)
- Received word that funds will soon be released enabling us to begin work with hospitals under 50 beds.
- As a result...

REACH's Progress

State	10/11/2010	11/8/2010
Field Consultants	12 (7.25 FTEs)	16 (9.25 FTEs)
Primary Care Providers	?	?
Signed	117	601
Awaiting Signatures	864	~500
Registered Only	1327	1298
Total	1841	~2400
Small and Critical Access Hospitals	123	123
Signed	0	39
Registered	67	58

Where Does REACH Stand Compared with Other Extension Centers?

- 62 Regional Extension Centers:
 - Average signed PPCPs:
 - Mean: 299
 - Mode: 250
 - Colorado, North Carolina, Northern California and NYC > 1000 PPCPs
 - Some with no provider fees
 - REACH 601 signed PPCPs

Staffing

- Just adding staff in MN and ND
- Will be adding:
 - HIT Consultants
 - Subject Matter Experts (SMEs)
- Watch the REACH website:
<http://www.khaREACH.org>
 - We plan to start ramping up in December

Preferred Vendor Program

- Moving carefully
- Some RECs require working with a particular vendor
 - REACH does not
- ONC and RECs are “feeling the heat”
 - Concern regarding litigation from unselected vendors
 - One law firm has been requesting information from RECs

Coordinating with Other HIT Entities

- Collaborating with WHITECH
 - The Wisconsin REC
- Coordinating with HealthPOINT
 - The South Dakota REC
- Collaborating with hospital networks
 - Example: SISU for stand alone Critical Access Hospitals and possibly, some hospital assessments for CAHs with clinics
 - Depending on their capacity and capability

Meaningful Use Boot Camp

- Offered at St Thomas in October
- 7 hour class with small group discussions and problem solving
- Very well received
- Plan to begin offering these more broadly in December
- Two tracks:
 - Clinic: December 7th
 - Hospital: December 8th

Cost of a 1 Year Contract For Clients Signing Through November 30th

	Without an EHR	With an EHR Signing <i>before</i> Nov 30 th	With an EHR Signing <i>after</i> Nov 30 th but <i>before</i> Jan 31 st	Multi-site Medical Group >30 sites or >260 providers
Clinics with Primary Care Fee / Co-pay	\$1000/ site \$500/ PCP \$1000/ specialist *	\$1000 / facility	\$500/ site \$250/ PCP \$500/ specialist *	Go through scoping process
Critical Access/ Rural Hospital <50 Beds Fee / Co-pay	\$1350 / hospital			N/A

PCP = primary care provider
* Provider fees up to cap TBD

Specialist = specialty provider



Time is running out!

- Register on www.khaREACH.org
- No commitment with registration
- Once registered, we call to understand a potential client's situation
- We then send a service level agreement based upon your needs
- Once signed, we start our year-long commitment of bringing a client to meaningful use and *beyond*
- Remember: clients will not be able to sign a contract after January 31st for subsidized services

How do you know if your EHR is Certified?

- To achieve Meaningful Use, one must use a ONC Authorized Testing and Certification Body (ONC-ATCB) certified EHR
- Listings of the EHRs and what they certified upon can be found at:
 - <http://onc-chpl.force.com/ehrcert>
- This is what you will find...

ONC Certified EHR Products Site

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program. Please note that the CHPL is a "snapshot" of the current list of certified products. The CHPL is updated frequently as newly certified products are reported to ONC.

Using the CHPL

Certified products are identified with the name of the certifying ONC-ATCB, the ONC certification number, vendor information, product information, and product version number. The CHPL is currently sorted alphabetically, by Product Name.

EHR products classified as Complete EHR have been certified to meet all the mandatory certification criteria as identified in the Standards and Certification Criteria Final Rule (45 CFR Part 170 Part III). Complete EHR products listed on the CHPL have been certified to meet all of the General Criteria listed in Section 170.302, plus all of the criteria applicable to a type of practice setting. (In the Final Rule, the certification criterion for Accounting for Disclosures (§ 170.302(w)) is optional for systems or technologies seeking certification and may not appear.) The products identified as Inpatient EHR products and listed under the Inpatient Practice Setting additionally fulfill the specific criteria defined in 45 CFR Part 170.306. The Certified EHR products identified as Ambulatory EHR products and listed under the Ambulatory Practice Setting additionally fulfill all of the specific criteria defined in 45 CFR Part 170.304.

EHR Modules are those technologies that are certified to at least one of the certification criteria as defined in the Standards and Certification Criteria Final Rule. Due to the regulatory requirement that EHR Module technologies be certified to the security criteria elaborated in the Final Rule, many EHR Modules will be certified to more than one of the regulatory criteria.

To determine which criteria a particular product is certified to meet, click on the Certification Status link at the end of the row for that listed product. You will be taken to another table indicating which of the Certification Criteria a particular Complete EHR or EHR Module has been certified to meet.

Please note: This is Version 1.0 of the Certified Health IT Product List (CHPL). Version 2.0 is under development and is expected to provide additional information, such as a list of the Clinical Quality Measures to which a given product was tested; and additional functionality, such as different ways to query and sort the data for viewing. The later version will also provide the above-mentioned reporting number that will be accepted by CMS for purposes of attestation under the EHR ("meaningful use") incentives programs. Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

This list was last modified on November 12, 2010.

Product Certification Overview

Certifying ATCB	ONC Certification #	Vendor	Product	Product Classification	Practice Setting	Product Version #	Certification Status
CCHIT	CC-1112-946110-1	Pulse Systems	2011 Pulse Complete EHR	Complete EHR	Ambulatory	2011	View Criteria
CCHIT	CC-1112-621996-1	ABEL Medical Software Inc.	ABELMed EHR - EMR / PM	Complete EHR	Ambulatory	11	View Criteria



Certified Product Details

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

Certification Criteria Detail View

Pulse Systems - 2011 Pulse Complete EHR

[Return to Overview](#)

Product Certification Matrix

General Certification Criteria

- [170.302\(a\) Drug-drug, drug-allergy interaction checks.](#)
- [170.302\(b\) Drug formulary checks.](#)
- [170.302\(c\) Maintain up-to-date problem list.](#)
- [170.302\(d\) Maintain active medication list.](#)
- [170.302\(e\) Maintain active medication allergy list.](#)

- [170.302\(f\)\(1\) Record and Chart Vital signs.](#)
- [170.302\(f\)\(2\) Calculate Body mass index.](#)
- [170.302\(f\)\(3\) Plot and display growth charts.](#)
- [170.302\(g\) Smoking status.](#)

- [170.302\(h\) Incorporate laboratory test results.](#)
- [170.302\(i\) Generate patient lists.](#)
- [170.302\(j\) Medication reconciliation.](#)
- [170.302\(k\) Submission to immunization registries.](#)
- [170.302\(l\) Public health surveillance.](#)
- [170.302\(m\) Patient specific education resources.](#)
- [170.302\(n\) Automated measure calculation.](#)
- [170.302\(o\) Access control.](#)
- [170.302\(p\) Emergency access.](#)
- [170.302\(q\) Automatic log-off.](#)
- [170.302\(r\) Audit log.](#)
- [170.302\(s\) Integrity.](#)
- [170.302\(t\) Authentication.](#)
- [170.302\(u\) General encryption.](#)
- [170.302\(v\) Encryption when exchanging electronic health](#)

Ambulatory Certification Criteria

- [170.304\(a\) Computerized provider order entry.](#)
- [170.304\(b\) Electronic prescribing.](#)
- [170.304\(c\) Record demographics.](#)
- [170.304\(d\) Patient reminders.](#)
- [170.304\(e\) Clinical decision support.](#)

- [170.304\(f\) Electronic copy of health information.](#)
- [170.304\(q\) Timely access.](#)
- [170.304\(h\) Clinical summaries.](#)
- [170.304\(i\) Exchange clinical information and patient summary record.](#)
- [170.304\(j\) Calculate and submit clinical quality measures.](#)

Inpatient Certification Criteria

- [170.306\(a\) Computerized provider order entry.](#)
- [170.306\(b\) Record demographics.](#)
- [170.306\(c\) Clinical decision support.](#)
- [170.306\(d\)\(1\) Electronic copy of health information.](#)
- [170.306\(d\)\(2\) Electronic copy of health information Note: For discharge summary.](#)
- [170.306\(e\) Electronic copy of discharge instructions.](#)
- [170.306\(f\) Exchange clinical information and patient summary record.](#)
- [170.306\(g\) Reportable lab results.](#)
- [170.306\(h\) Advance directives.](#)
- [170.306\(i\) Calculate and submit clinical quality measures.](#)



Regional Extension
Assistance Center for HIT

Criteria Descriptions

▼ Criteria Descriptions -- The following are the full descriptions to each of the certification criteria.

Section	Description	
§170.302 (a)	Drug-drug, drug-allergy interaction checks. (1) Notifications. Automatically and electronically generate and indicate in real-time, notifications at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, and computerized provider order entry (CPOE). (2) Adjustments. Provide certain users with the ability to adjust notifications provided for drug-drug and drug-allergy interaction checks.	↑
§170.302 (b)	Drug formulary checks. Enable a user to electronically check if drugs are in a formulary or preferred drug list.	↑
§170.302 (c)	Maintain up-to-date problem list. Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care in accordance with: (1) The standard specified in §170.207(a)(1); or (2) At a minimum, the version of the standard specified in §170.207(a)(2).	↑
§170.302 (d)	Maintain active medication list. Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care.	↑
§170.302 (e)	Maintain active medication allergy list. Enable a user to electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history for longitudinal care.	↑
§170.302 (f)(1)	Record and Chart Vital signs. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, and blood pressure.	↑
§170.302 (f)(2)	Calculate Body mass index. Automatically calculate and display body mass index (BMI) based on a patient's height and weight.	↑
§170.302 (f)(3)	Plot and display growth charts. Plot and electronically display, upon request, growth charts for patients 2-20 years old.	↑
§170.302 (g)	Smoking status. Enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current every day smoker; current some day smoker; former smoker; never smoker; smoker, current status unknown; unknown if ever smoked.	↑
§170.302 (h)	Incorporate laboratory test results. 1) Receive results. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format. 2) Display test report information. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7). 3) Incorporate results. Electronically attribute, associate, or link a laboratory test result to a laboratory order or patient record.	↑
§170.302 (i)	Generate patient lists. Enable a user to electronically select, sort, retrieve, and generate lists of patients according to, at a minimum, the data elements included in: (1) Problem list; (2) Medication list; (3) Demographics; and (4) Laboratory test results.	↑
§170.302 (j)	Medication reconciliation. Enable a user to electronically compare two or more medication lists.	↑
§170.302 (k)	Submission to immunization registries. Electronically record, modify, retrieve, and submit immunization information in accordance with: (1) the standard (and applicable implementation specifications) specified in §170.205(e)(1) or §170.205(e)(2); and (2) At a minimum, the version of the standard specified in §170.207(e).	↑
§170.302 (l)	Public health surveillance. Electronically record, modify, retrieve, and submit syndrome-based public health surveillance information in accordance with the standard (and applicable implementation specifications) specified in §170.205(d)(1) or §170.205(d)(2).	↑
§170.302 (m)	Patient specific education resources. Enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's: problem list; medication list; and laboratory test results as well as provide such resources to the patient.	↑
§170.302 (n)	Automated measure calculation. For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.	↑
§170.302 (o)	Access control. Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information.	↑
§170.302 (p)	Emergency access. Permit authorized users (who are authorized for emergency situations) to access electronic health information during an emergency.	↑

Inpatient Module

Product Certification Matrix

General Certification Criteria

- [170.302\(a\) Drug-drug, drug-allergy interaction checks.](#)
- [170.302\(b\) Drug formulary checks.](#)
- [170.302\(c\) Maintain up-to-date problem list.](#)
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- [170.302\(t\) Authentication.](#)
- [170.302\(u\) General encryption.](#)
- [170.302\(v\) Encryption when exchanging electronic health information.](#)
- [170.302\(w\) Accounting of disclosures \(optional\).](#)

Ambulatory Certification Criteria




- [170.304\(a\) Computerized provider order entry.](#)
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Testing Criteria

- Testing criteria for each of these modules can be found at:
 - http://healthcare.nist.gov/use_testing/effective_requirements.html

Criteria #	Certification Criteria	Test Method	Date Published
§170.302 (a)	Drug-drug, drug-allergy interaction checks		08/13/2010
§170.302 (b)	Drug formulary checks		08/13/2010
§170.302 (c)	Maintain up-to-date problem list		08/13/2010

Test Procedure for §170.302.a Drug-drug, drug-allergy interaction checks
APPROVED Version 1.0 ■ August 13, 2010

Test Procedure for §170.302 (a) Drug-drug, drug-allergy interaction checks

This document describes the draft test procedure for evaluating conformance of complete EHRs or EHR modules¹ to the certification criteria defined in 45 CFR Part 170 Subpart C of the Final Rule for Health Information Technology: Initial Set of standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology as published in the Federal Register on July 28, 2010. The document² is organized by test procedure and derived test requirements with traceability to the normative certification criteria as described in the Overview document located at http://healthcare.nist.gov/docs/TestProcedureOverview_v1.pdf. The test procedures may be updated to reflect on-going feedback received during the certification activities.

The HHS/Office of the National Coordinator for Health Information Technology (ONC) has defined the standards, implementation guides and certification criteria used in this test procedure. Applicability and interpretation of the standards, implementation guides and certification criteria to EHR technology is determined by ONC. Test procedures to evaluate conformance of EHR technology to ONC's requirements are defined by NIST. Testing of EHR technology is carried out by ONC-Authorized Testing and Certification Bodies (ATCBs), not NIST, as set forth in the final rule establishing the Temporary Certification Program (*Establishment of the Temporary Certification Program for Health Information Technology, 45 CFR Part 170; June 24, 2010.*)

Questions about the applicability of the standards, implementation guides or criteria should be directed to ONC at ONC.Certification@hhs.gov. Questions about the test procedures should be directed to NIST at hit-tst-fdbk@nist.gov. Note that NIST will automatically forward to ONC any questions regarding the applicability of the standards, implementation guides or criteria. Questions about functions and activities of the ATCBs should be directed to ONC at ONC.Certification@hhs.gov

- Good resource to check if you wish to know what really has been tested
 - Quality Measures – Vendors get to choose which three menu-item quality measures they wish to be tested on

Quality Measure Specifications

- For Eligible Professionals and Hospitals:
 - http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp

Hypertension: Blood Pressure Measurement (NQF 0013)

EMeasure Name	Hypertension: Blood Pressure Measurement	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorsed by	National Quality Forum		
Description	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Effective management of blood pressure in patients with hypertension can help prevent cardiovascular events, including myocardial infarction, stroke, and the development of heart failure.		
Clinical Recommendation Statement	Treating SBP and DBP to targets that are <140/90 mm Hg is associated with a decrease in CVD risk complications. In patients with hypertension and diabetes or renal disease, the BP goal is <130/80 mm Hg. (JNC VII, 2004).		
Improvement notation	Higher score indicates better quality		
Measurement duration	12 months		
References			
Definitions			

Table of Content

- [Population criteria](#)
- [Data criteria](#) (QDS Data Elements)
- [Summary calculation](#)

Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- Initial Patient Population =
 - AND: "Patient characteristic: birth date" (age) >= 18 years";
 - AND: "Diagnosis active: hypertension";
 - AND: >=2 count(s) of:
 - OR: "Encounter: encounter outpatient" to determine the physician has a relationship with the patient;
 - OR: "Encounter: encounter nursing facility" to determine the physician has a relationship with the patient to determine the physician has a relationship with the patient;
- Denominator =
 - AND: " All patients in the initial patient population";
- Numerator =
 - AND: "Physical exam finding: systolic blood pressure";
 - AND: "Physical exam finding: diastolic blood pressure";
- Exclusions =
 - AND: None;



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

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
bob.b.johnson@state.mn.us

For More Information

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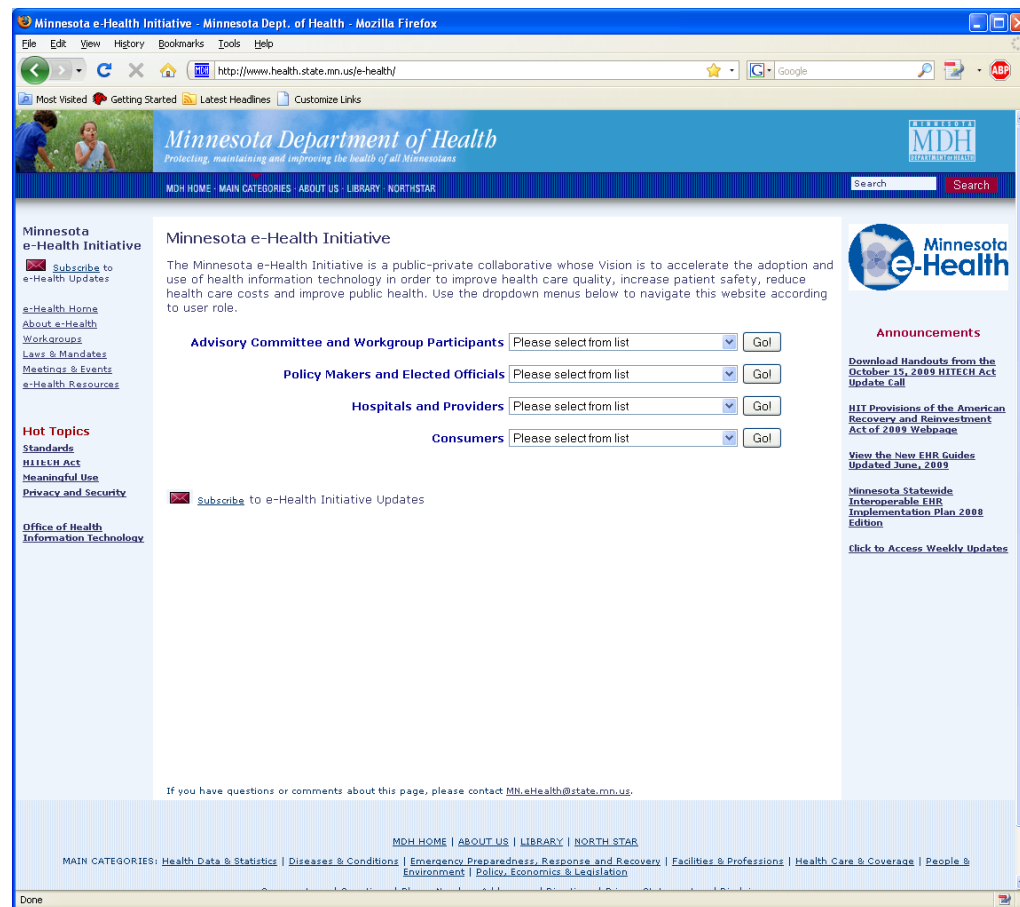
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