OPTIMIZING THE USE OF YOUR ELECTRONIC HEALTH RECORD

A collaborative training offered by Highmark and the Pittsburgh Regional Health Initiative

Introductions

Disclosures

- Successful completion of training
  - Participation for full 2 hours
- Conflicts of Interest
  - All planners and presenters have signed Conflict of Interest Disclosures
  - No conflicts declared
- Commercial Support
  - No commercial support has been received
- No recording of any kind, please

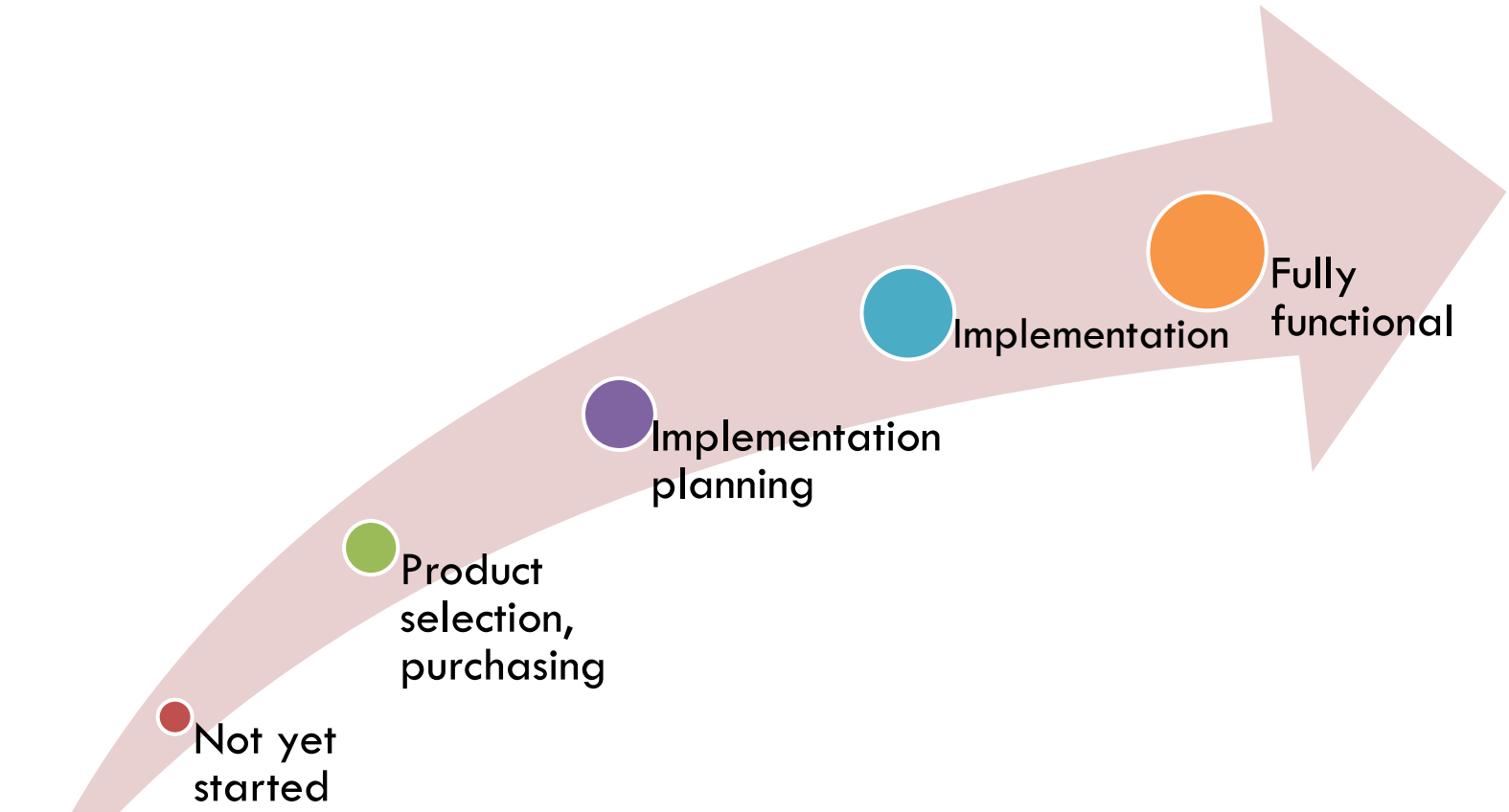
Transforming Care in Provider Practice: Offerings

- Module 1: Electronic Health Records: An Introduction to Purchasing and Implementation Planning
- Module 2: Quality Improvement in Primary Care: An Introduction to Lean Health Care
- Module 3: Building a Transformational Team in Primary Care
- Module 4: Optimizing the use of Electronic Health Records
- Module 5: Chronic Disease Management and Electronic Patient Registries
- Module 6: Transforming your Practice to a Patient-Centered Medical Home
- Module 7: Integrating Behavioral and Physical Health in Primary Care
- Module 8: Primary Care Business Administration

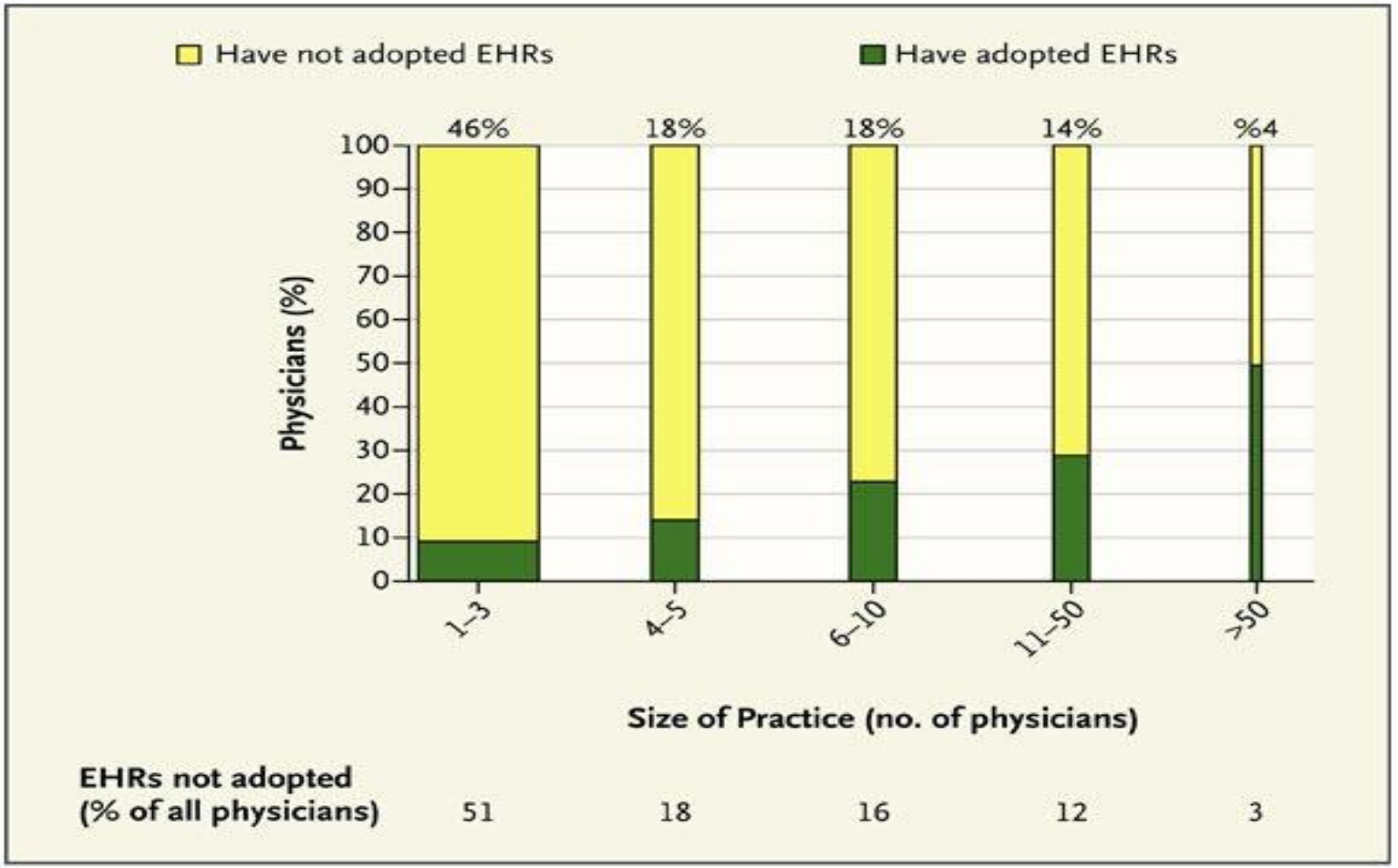
Objectives

- Define the current national and regional landscape related to EHR adoption and reasons to optimize use of functionality.
- Define meaningful use standards.
- Discuss the current condition of EHR optimization in your practice.
- Recognize common challenges to and improvement strategies for optimizing the use of functionality.

Where are you on the Implementation Spectrum?



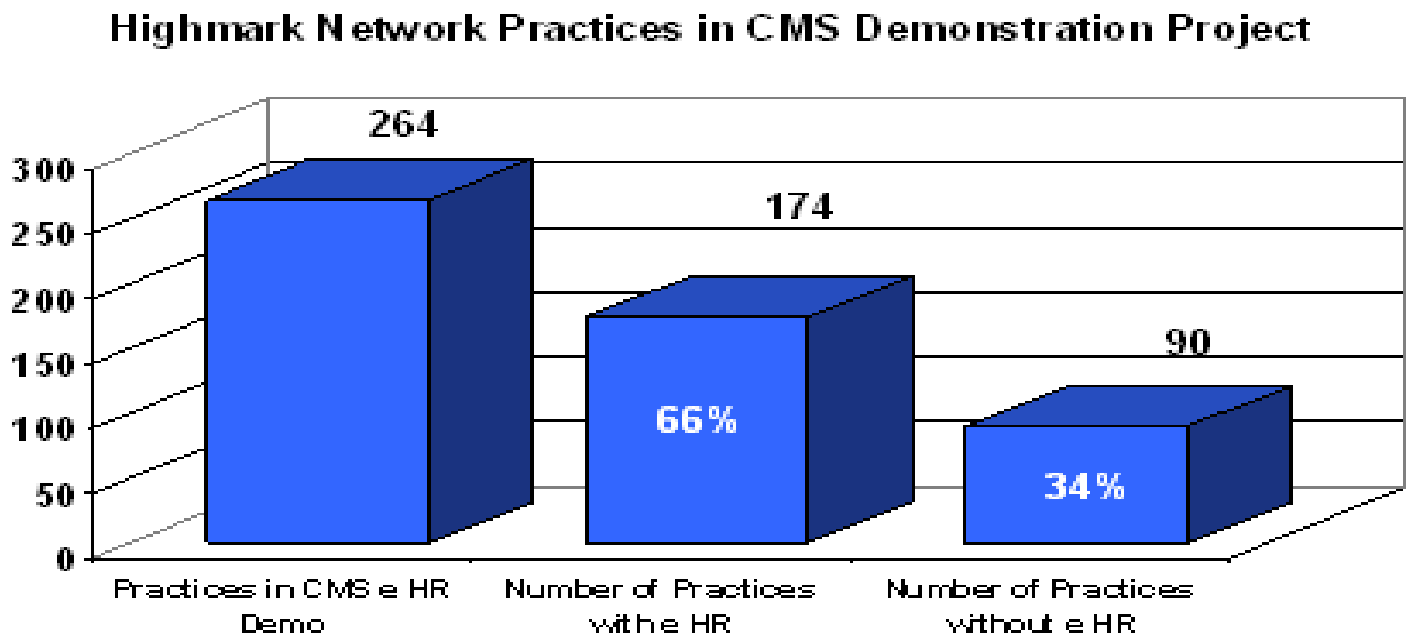
EHR Implementation: National Perspective



Shea & Hripcsak (2010). NEJM, 362 (3)

EHR Implementation: The Regional Perspective

Highmark Western PA Network



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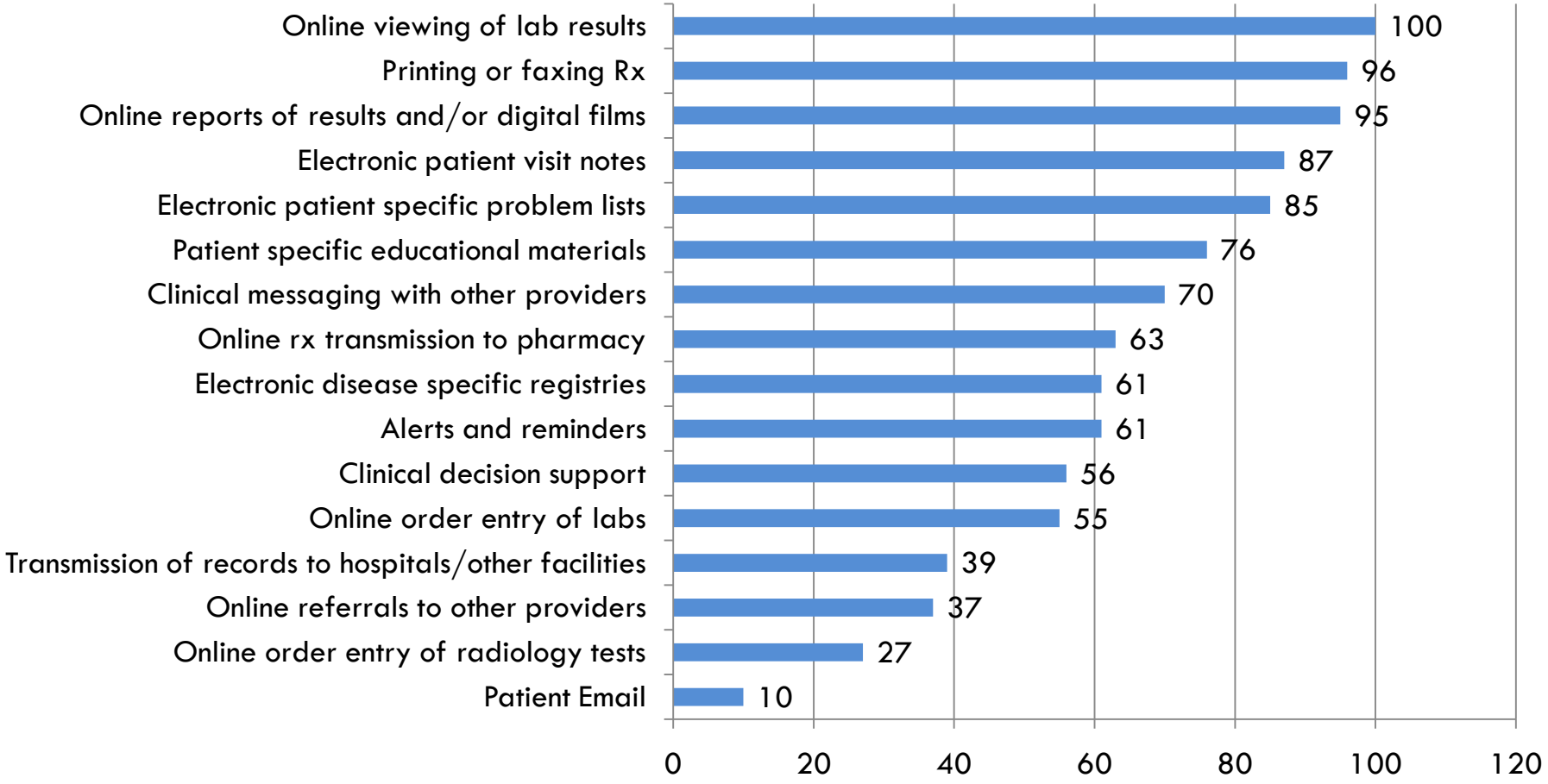
Regional Use of EHR Functionality



CMS EHR demo application results, Fall 2008

Why Optimize?

- Improved quality, safety and efficiency
- Financial incentives for optimizing
- Future financial disincentives for failing to optimize

Improved Quality and Efficiency

- 78% of primary care physicians with high IT capacity report feeling well prepared to care for patients with multiple chronic diseases, vs. 66% of those without high IT capacity

Davis et al, 2008

- Efficiency and safety savings of $142 billion in U.S. physician offices and $371 billion in U.S. Hospitals over the next 15 years

Anderson et. al, 2006

Improved Patient Safety

- EHR functionalities, particularly e-prescribing, have significant implications for patient safety
  - Potential avoidance of more than 2 million adverse drug events annually (130,000 of which are life threatening)
  - Patients getting e-prescriptions had less severe potential drug/drug interactions

AHRQ (2008) Pub No 08-PFS015

Financial Incentives: The National Landscape

- Centers for Medicare and Medicaid (CMS) Electronic Health Records Demonstration
- American Reinvestment and Recovery Act (ARRA)
- Payer incentives
- Hospital incentives

CMS EHR Demonstration: Overview

- 5-year pay-for-performance demonstration, began May 2009
- Goal: Accelerate adoption of EHRs and maximize use to enhance quality of care and patient outcomes
- Southwestern PA is one of 4 regions in the country selected for participation
- 280 participating practices
  - ½ treatment group—eligible for financial incentives
  - ½ control group—not eligible for financial incentives

CMS EHR Demonstration: Financial Incentives

- 2 separate per-beneficiary incentive payments:
  - Health Information Technology (HIT) incentive as measured by completion of the Office Systems Survey (OSS)
    - MUST be a CCHIT-certified EHR system
  - Quality incentive payment for reporting and performance on 26 clinical measures
    - Diabetes
    - Congestive Heart Failure
    - Coronary Artery Disease
    - Preventive Services

CMS Demonstration: Maximum Potential Incentive Payments

Year	EHR Adoption (OSS)	Reporting of Clinical Measures	Performance on Clinical Quality Measures	Maximum/ Provider	Maximum/ Practice
1	$5,000	n/a	n/a	$5,000	$25,000
2	$5,000	$3,000	n/a	$8,000	$40,000
3	$5,000	n/a	$10,000	$15,000	$75,000
4	$5,000	n/a	$10,000	$15,000	$75,000
5	$5,000	n/a	$10,000	$15,000	$75,000
TOTAL:	**$58,000**				**$290,000**

Next Steps for CMS EHR Demo Treatment Group Practices

- Complete the Office Systems Survey (OSS)
  - To qualify for an incentive payment you must be using a CCHIT-certified EHR for minimal core functionality
    - Clinical notes
    - Recording laboratory orders and entering lab results
    - Recording imaging orders and entering imaging results
    - Recording prescriptions
- The more advanced use of functionality, the higher your score on the OSS

CMS EHR Demo: Year 1 Incentive Payment Calculation

- Practices will be paid a maximum of $45 per assigned beneficiary with a chronic condition

Incentive payment =

# of beneficiaries x OSS score x $45

National Investment in HIT: American Recovery and Reinvestment Act (ARRA)

The Health Information Technology for Economic and Clinical Health (HITECH) provisions of ARRA appropriate $2 billion to "jump start" funding to the Office of the National Coordinator for Health Information Technology.

ARRA: Who Gets What?

- $300 million for Health Information Exchange initiatives
- $20 million to the National Institute for Standards and Technology (data standards)
- $5 million for Administration

ARRA: Who Gets What?

- Remaining $1.7 billion:
  - Developing Certified Electronic Health Records software (if the private market cannot meet provider needs)
  - Training and support
  - Infrastructure creation & telemedicine
  - Promoting interoperability of clinic data (repositories or registries)
  - Expanding the use of Information Technology (IT) in Public Health Departments

ARRA: How Will the Money be Distributed?

- Most at the state level via grants and initiatives
- The law doesn't specifically state that providers will get grants or loans—but it is implied
- Initiatives for federal and state programs to offer loan programs to physicians to access capital

ARRA: How Will the Money be Distributed?

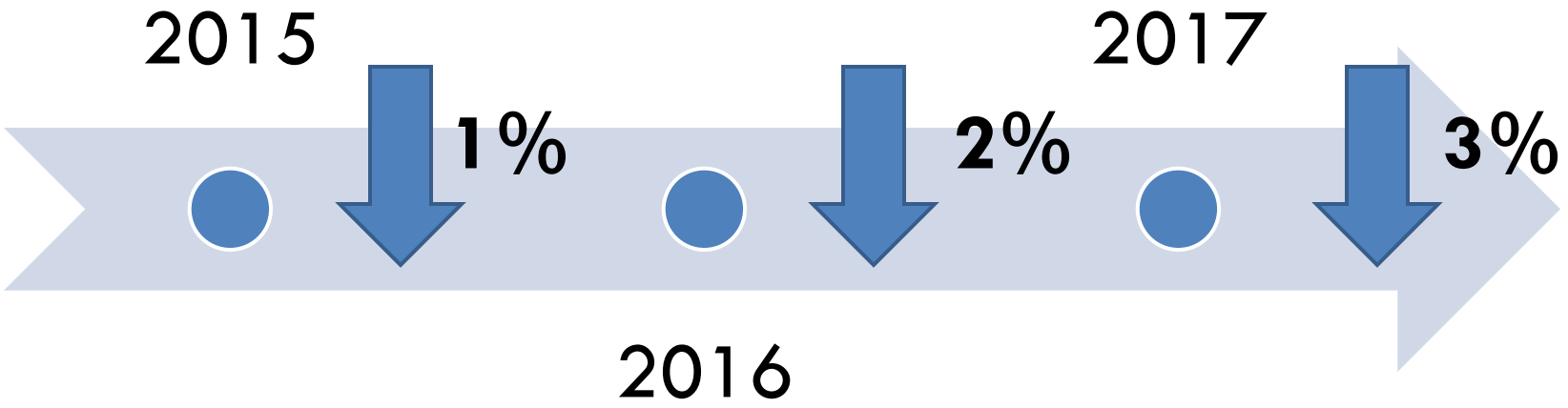
- $100 million to train IT professionals to work in health care
- $70 million grant to community colleges for healthcare IT training

The Medicare Incentives for Meaningful Use

- "Meaningful use" of EHRs will yield up to $44,000/provider over 5 years
  - Year 1: $18,000/provider (2011 or 2012)
  - Year 2: $12,000/provider
  - Year 3: $8,000/provider
  - Year 4: $4,000/provider
  - Year 5: $2,000/provider

The Medicare *Dis*incentives

The law also mandates *decreasing* Medicare payments to physicians that fail to "meaningfully use" EHRs



The Medicaid Incentives for Meaningful Use

- To qualify for Medicaid incentives you must be a:
  - Physician
  - Nurse Practitioner
  - Certified Nurse Midwife
  - Dentist
  - FQHC
  - Pediatrician
- AND have 30% volume Medicaid patients (20% for pediatrics)

Medicaid Incentives

- Potentially as high as $63,750/provider over 6 years
- Medicaid Incentives differ from Medicare incentives
  - Broader range of qualifying providers
  - No disincentives for not adopting HIT
  - Potentially higher payments
  - Potentially longer time frame (2021 vs. 2016)
- Note that providers will need to choose Medicare OR Medicaid incentives—not eligible for both

What Does it Mean to Optimize Your EHR in this Landscape?

MEANINGFUL USE STANDARDS

What is "Meaningful Use?"

- Using a certified EHR system to:
  - Improve quality, safety and efficiency
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - Ensure adequate privacy and security

Meaningful Use—the Big Picture

2011

- Computerized Physician Order Entry (CPOE)
- Drug-drug & drug-allergy checks, formulary checks
- Maintain updated problem, meds and allergies list
- e-prescribing
- Record key demographics and clinical data
- Vital signs, including height, weight and blood pressure
- Send reminders to patients for preventive/follow up care

2013

- Use of evidence-based order sets
- Chronic care management using registries and decision support tools
- Use of clinical decision support at point of care
- Report to external disease or device registries

2015

- Achievement of minimal performance levels on quality, safety & efficiency measures
- Implement clinical decision support for high priority conditions
- Medical device interoperability
- Multi-media support (e.g. x-rays)

ONCHIT Policy Committee, draft, December 2009

Meaningful Use: The Details

Improve quality, safety and efficiency and reduce health disparities

- CPOE
- Drug-drug, drug-allergy & drug-formulary checks
- Problems, meds & allergy lists
- ePrescribing
- Record demographics
- Record and chart changes in vitals
- Record smoking status
- Incorporate lab results as structured data

Meaningful Use: The Details

Improve quality, safety and efficiency and reduce health disparities

- Generate patient lists by specific conditions
- Report ambulatory quality measures to CMS or the state
- Send reminders to patients for preventive/follow-up care
- Implement 5 decision support rules and ability to track compliance with rules
- Check insurance eligibility electronically
- Submit claims electronically

Meaningful Use: The Details

Engage patients and families in their health care

- Provide patients with an electronic copy of their health information
- Provide patients with timely electronic access to their health information
- Provide clinical summaries to patients for each office visit

Meaningful Use: The Details

Improve care coordination

- Electronically exchange key clinical information (e.g. problem, med & allergy lists, test results) with care providers
- Perform medication reconciliation at relevant encounters and each transition of care
- Provide summary care record for each transition of care and referral

Meaningful Use: The Details

Improve population and public health

- Submit electronic data to immunization registries where required and accepted
- Electronic submission of syndromic surveillance data to public health agencies according to applicable law and practice

Meaningful Use: The Details

Ensure adequate privacy and security protections for personal health information

- Protect electronic health information maintained using certified EHR technology through the implementation of appropriate technical capabilities

Other Incentive Programs

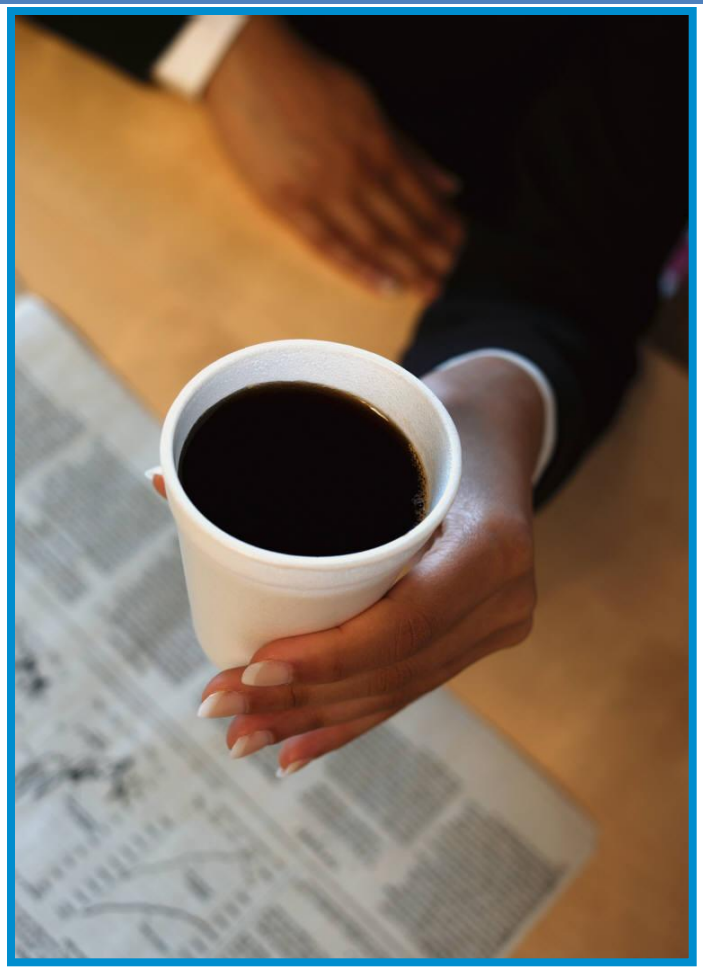
- Highmark Quality Blue
  - ePrescribing and EHR components
  - Quality incentives for chronic disease management (e.g. diabetes, cholesterol) and preventive care (e.g. breast cancer, cervical cancer screening)
  - $3, $6, and $9 per eligible E&M encounter
- Other payer quality incentives
- Hospital-funded support for EHR adoption
  - Software discounts
  - Hosting options
  - Implementation support

Discussion

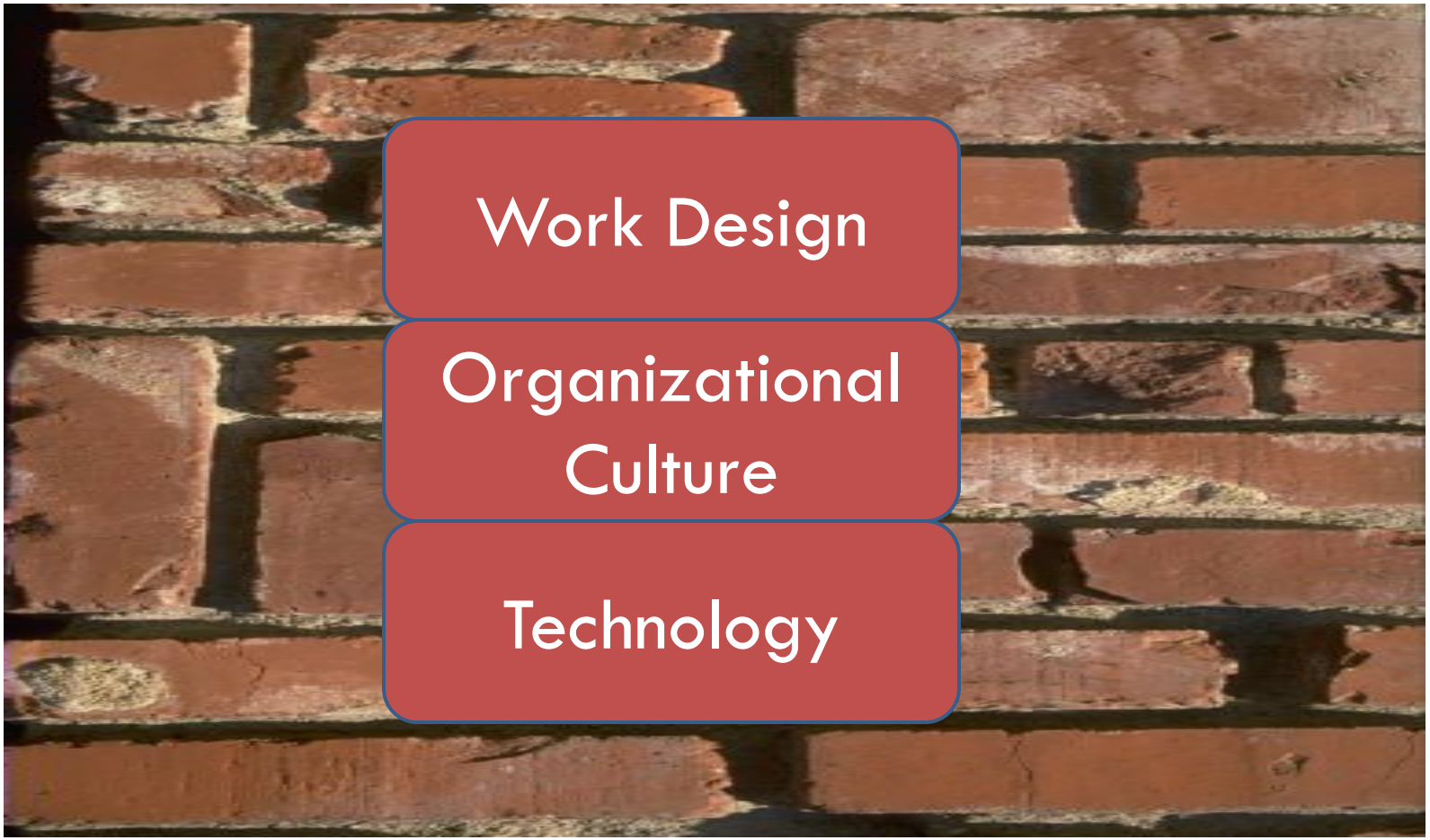
Time for a Break!

Please return promptly in ten minutes.

Thanks!



Common Barriers to Optimization



Work Design

Common Challenges

- Limited understanding of workflow prior to implementation
- Failure to fully integrate EHR into workflow
- Failure to reassess & redesign post implementation

Common Outcomes

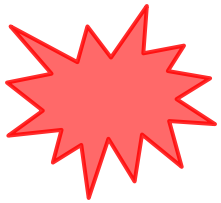
- Inefficiencies
- Duplicate Work
- Frustration

Work Design: Improvement Strategies

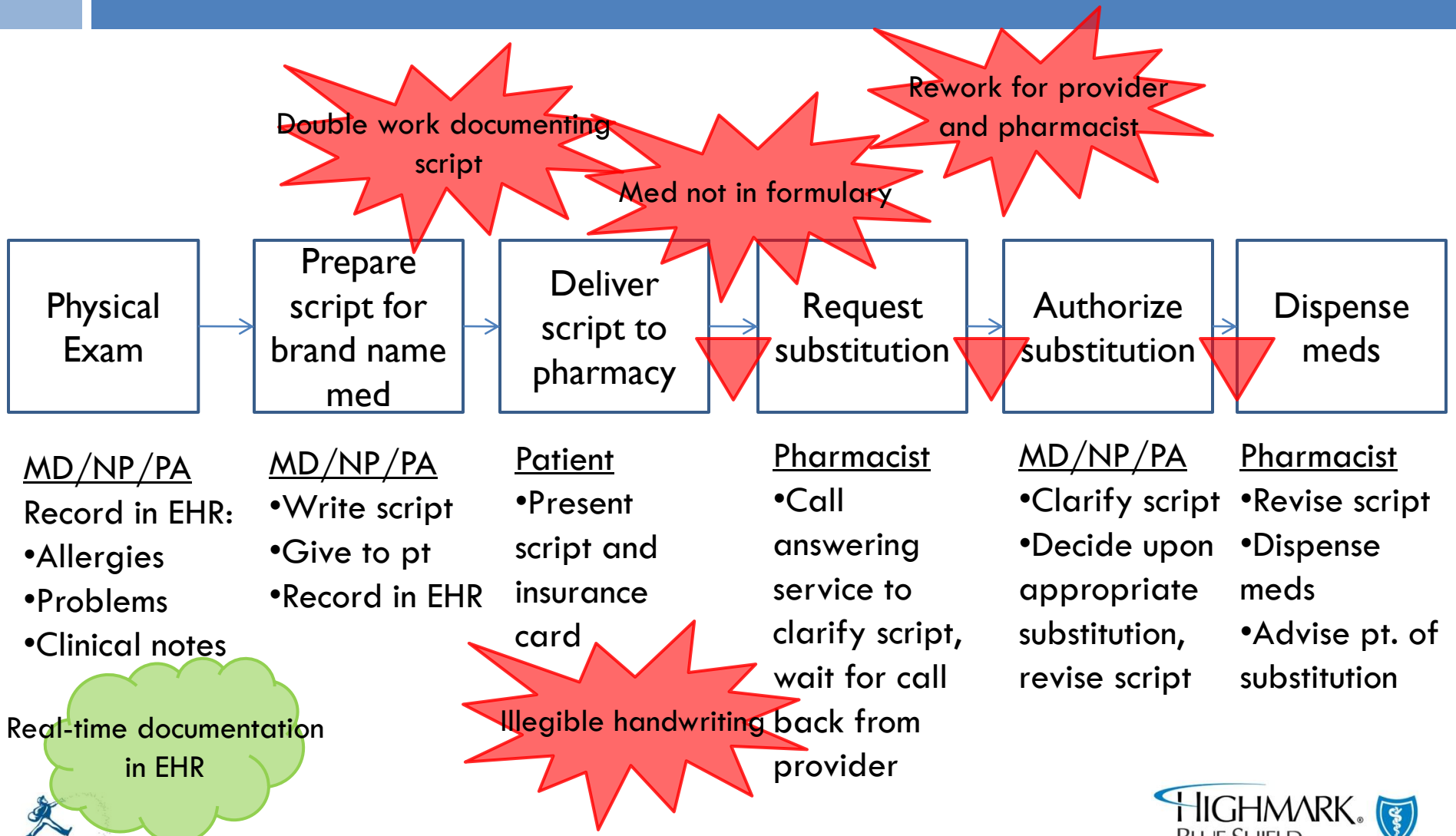
- Observe your existing EHR workflow to understand:
  - What's working well
  - What's not working well
  - Opportunities for Improvement
  - Who interacts with the EHR? In what ways?
- Use observation data to perform Process Mapping

Process Mapping: A Tool for Understanding Workflow

- A process map is a visual depiction of the current state that identifies:
  - Roles—people who complete activities
  - Activities—steps in the process
  - Problems—opportunities for improvement
  - Strengths—what's working well



Example of a Process Map: Prescribing Meds Without ePrescribing Functionality



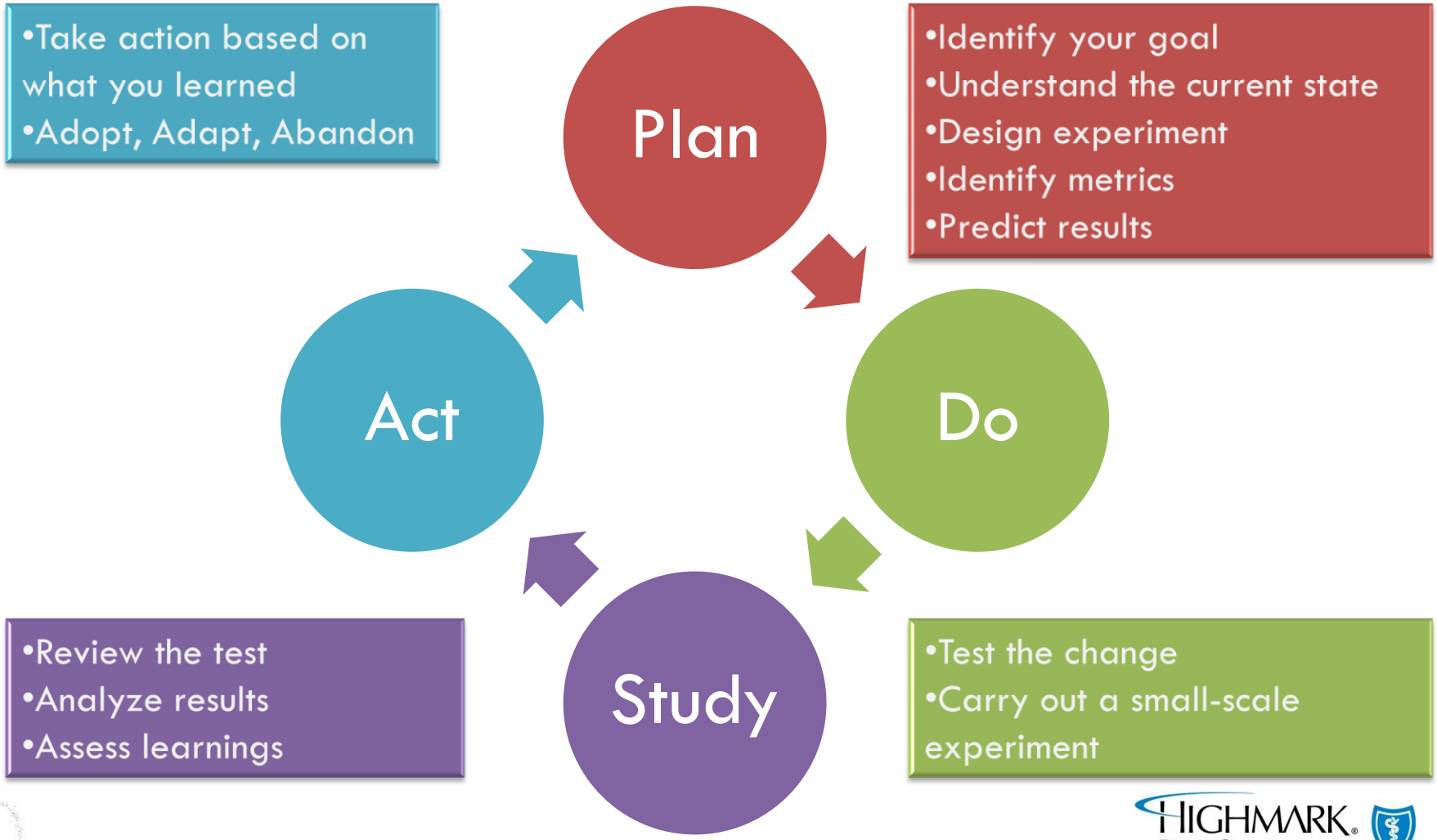
Pittsburgh Regional Health Initiative
Spreading Quality, Containing Costs.

Highmark Blue Shield
An Independent Licensee of the Blue Cross and Blue Shield Association

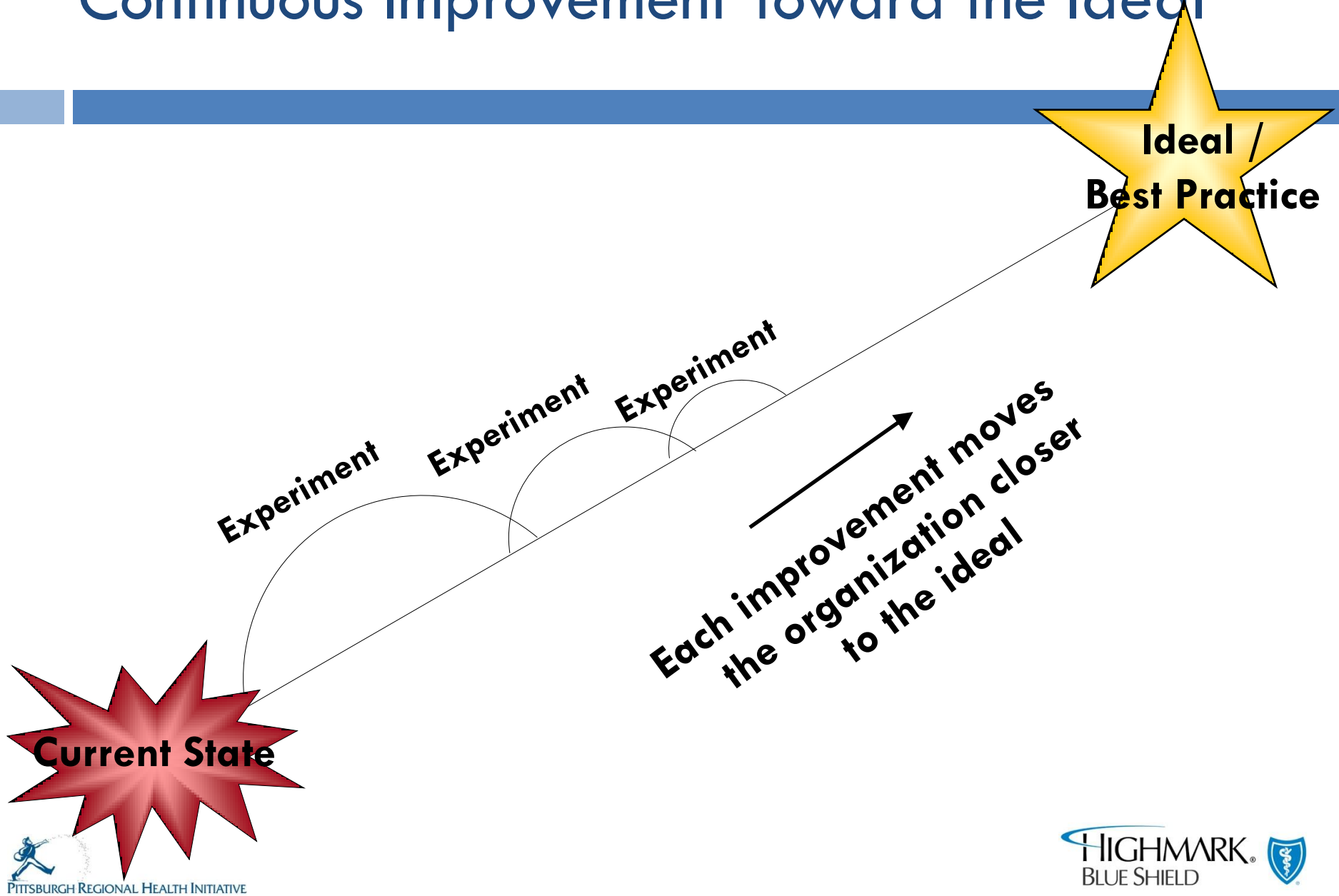
Continuous Quality Improvement to Optimize Your EHR

- Use data to understand the current state
- Make incremental improvements to move closer to the ideal
- Measure success of the improvements—do the improvements move you closer to the ideal?
- Use tools to make work easier and processes flow more smoothly
- Involve the people who do the work—"the experts"—in work redesign

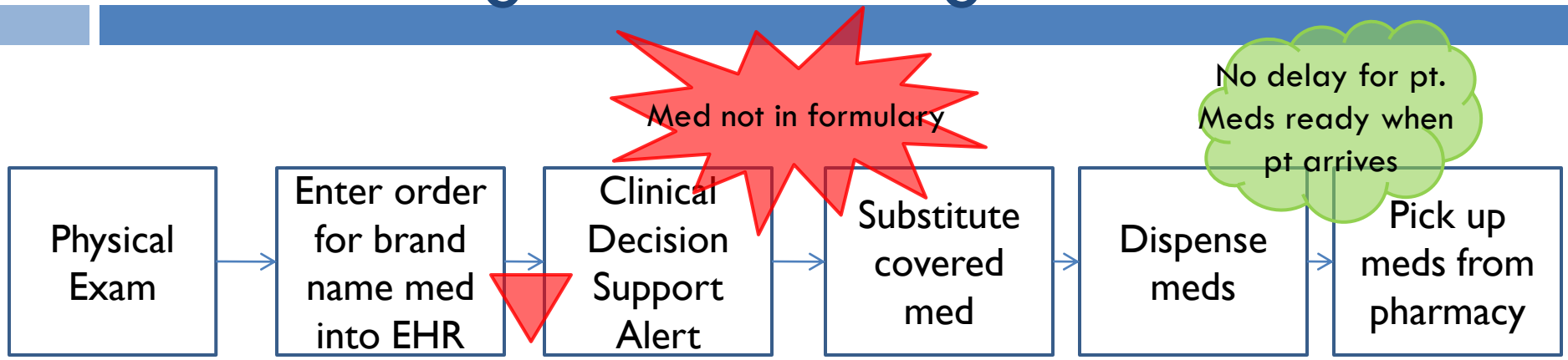
Plan-Do-Study-Act Cycle



Continuous Improvement Toward the Ideal



Example of a Process Map: Prescribing Meds Using ePrescribing



MD/NP/PA
Record in EHR:
- Allergies
- Problems
- Clinical notes
- Scripts

MD/NP/PA

Drug-drug & drug-allergy safety checks

EHR
- Alert provider med not covered by formulary. Recommend substitutions

Real time alert that med's not covered

MD/NP/PA
- Review alternative options, select most appropriate substitution
- Ask patient preference re: printed script vs. direct transmission to pharmacy

Pharmacist
- Review electronic script
- Dispense meds

Electronic script clear and legible

Patient
- Present insurance card
- Pay co-pay

No rework

Organizational Culture, Attitudes and Behaviors

Common Challenges

- Technical competency
- Resistance to the "new way of doing things"
- Inertia—not wanting to make changes & improvements post-implementation
- Competing demands
- Finite Resources
- Changing Roles

Common Outcomes

- Inefficiency
- Inconsistency of usage among providers/staff
- Limited use of advanced functionality

Organizational Culture: Improvement Strategies

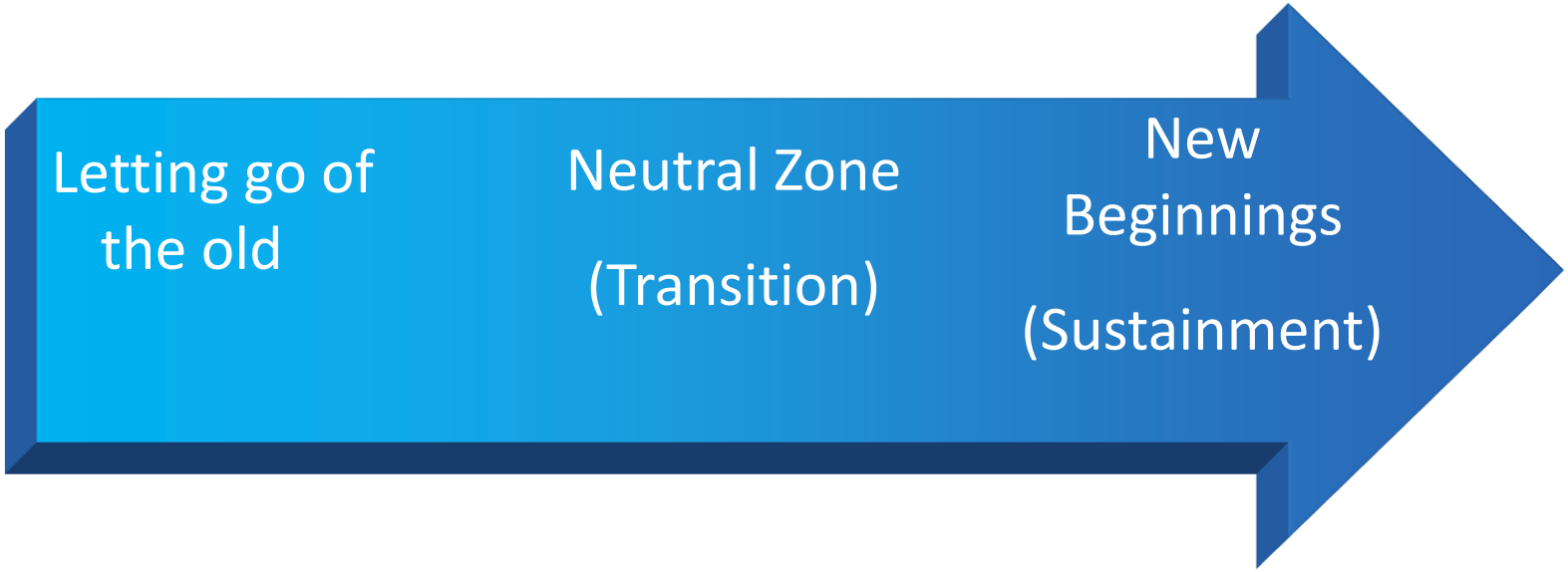
- Identify and mobilize a leader/champion to maintain momentum for change
  - Someone who is respected by the practice team
  - A good communicator
  - A die-hard supporter
  - Someone who will continually drive change

Organizational Culture: Improvement Strategies

- Ongoing computer competency training
  - If you didn't assess staff & provider competency/comfort level using computers prior to implementation, assess it now
  - If you did assess, reassess
  - Identify training and support needs and training resources

Organizational Culture: Improvement Strategies

- Recognize the need for ongoing change management—implementation is just the beginning!



Technology

Common Challenges

- Insufficient technical support
- Inadequate data exchange and fragmentation
- Customization (or lack thereof)
- Underdeveloped interoperability

Common Outcomes

- Limited use of advanced functionality
- Duplicate work
- Manual data entry

Technology: Improvement Strategies

- Work with vendor to secure ongoing technical support
- Consider 3rd party technical support
- Work with vendor to customize templates and workflow
- Participate in your vendor's user groups
- Take advantage of technical support and interfaces that may be available through your local hospital

Survival of the Fittest

"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change."

Charles Darwin

Discussion and Questions