

Evaluating EHR Products and the Definition of Meaningful

Mark R. Anderson, FHIMSS, CPHIMS
CEO of AC Group, Inc.

Mark Anderson, FHIMSS, CPHIMSS
Healthcare IT Futurist



- CEO of AC Group
- National Speaker on EHR > 800 sessions since 2001
- Semi annual report on Vendor product functionality and company viability
- 36+ Years In Healthcare IT
 - CIO Position at Three Multi Facility Regional IDN's
 - Installed over \$1B in technologies since 1972
 - Provided EHR information to over 25,000 Physicians
 - Over 400 EHR Search and Selection Projects and 12 community HIE projects.
 - Former CIO of a 2,300+ physician (500+ Practices) IPA

American Recovery & Reinvestment Act

Health Information Technology for
Economic and Clinical Health
(HITECH) Act

ARRA/HITECH ACT

- Feb 17, 2009 –ARRA/HITECH Acts signed into law
- \$19.5 billion for health IT adoption, EHR and HIE
- Goal (forecast) is adoption and meaningful use of EHR by 90% of physicians and 70% of hospitals by 2015
- Bulk of funds appropriated go towards incentive payments to eligible providers (EPs) and eligible hospitals (EHS)

Federal Government Responds: HITECH Act



- Part of American Recovery and Reinvestment Act of 2009 (ARRA)
- Goal: Every American to have an EHR by 2014
- Systematically addresses major barriers to adoption and Meaningful Use:
 - Money/market reform
 - Technical assistance, support, and better information
 - Health information exchange
 - Privacy and security

Privacy and Security: The HITECH Response

- Bans sale of health information
- Requires ongoing audit trail
- Strengthens civil and criminal enforcement of HIPAA
- Expands patient rights to access their information
- Requires innovative encryption technology to prevent breaches
- Requires HHS Office for Civil Rights (OCR) to provide consumer education about protected health information

HITECH Regulations and Programs

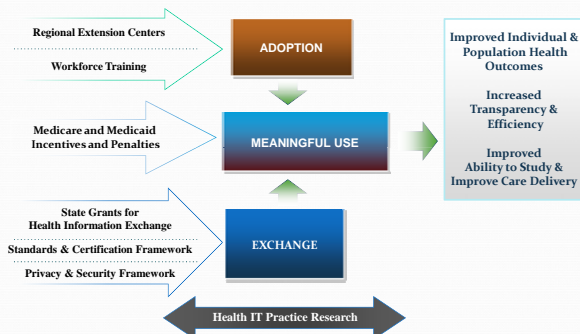
- Standards and Certification Criteria
- Medicare & Medicaid EHR Incentive Programs (including Meaningful Use)
- Regional Extension Centers (RECs)
- State Health Information Exchange (HIE)
- Workforce Training Programs
- Beacon Communities
- Strategic Health Information Technology Advanced Research Projects (SHARP)
- Nationwide Health Information Network (NHIN)

How HITECH Addresses Barriers to Adoption

Obstacle	Intervention	Funds Allocated
Market Failure, Need for Financial Resources	<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Programs for "Meaningful Use" 	<ul style="list-style-type: none"> • \$27.3 B*
Addressing Adoption Difficulties	<ul style="list-style-type: none"> • Regional Extension Centers • Health IT Research/Resource Center 	<ul style="list-style-type: none"> • \$643 M • \$50 M
Workforce Training	<ul style="list-style-type: none"> • Workforce Training Programs 	<ul style="list-style-type: none"> • \$84 M
Addressing Technology Challenges and Providing Breakthrough Examples	<ul style="list-style-type: none"> • Strategic Health Information Technology Advanced Research Projects • Beacon Communities Programs 	<ul style="list-style-type: none"> • \$60 M • \$250 M
Privacy and Security	<ul style="list-style-type: none"> • Policy Framework • New Privacy and Security Policies 	Addressed across all Programs
Need for Platform for Health Information Exchange	<ul style="list-style-type: none"> • NHIN, Standards and Certification • State Cooperative Agreement Program 	<ul style="list-style-type: none"> • \$64.3 M • \$548 M

*\$27.3 B is high scenario

HITECH: How the Pieces Fit Together



Standards and Certification Criteria

- Develop interoperability specifications that:
 - Identify harmonized standards
 - Provide detailed technical specifications for how those standards need to be used
- Work with health care organizations and standards-development organizations to ensure that standards are available for use nationally

Meaningful Use: Health Outcome Policy Priorities

- Improving quality, safety, efficiency, and reducing health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

ARRA/HITECH ACT

- In general, incentive payments designed to encourage:
 - Use of certified EHR
 - Connectivity to other
 - providers to provide a full view of patient health history and to coordinate care
 - Reporting on their use of technology to HHS (**what data**)
- Incentives start in 2011 and Penalties begin in 2015

What's in it for the Physicians?

\$44,000 to \$69,000

Physicians Medicare Incentive

Start	2011	2012	2013	2014	2015	2016	Total
2011	18,000	12,000	8,000	4,000	2,000	0	\$44,000
2012		18,000	12,000	8,000	4,000	2,000	\$44,000
2013			15,000	12,000	8,000	4,000	\$39,000
2014				12,000	8,000	4,000	\$24,000

Must accept Medicare and must have at least \$24,000 in total Medicare allowable charges per Year

Physicians Medicaid Incentive

Start	2011	2012	2013	2014	2015	2016	Total
2011	25,000	10,000	10,000	10,000	8,750		\$63,750
2012		25,000	10,000	10,000	10,000	8,750	\$63,750
2013			25,000	10,000	10,000	10,000	\$55,000
2014				25,000	10,000	10,000	\$45,000

Meaningful Use Criteria

Criteria	Measurement
Use Computer Provider Order Entry (CPOE)	30% of all orders by authorized provider
Implement drug/allergy checks	Optional
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	At least 80% of all unique patients have at least one entry or an indication of none recorded.
E-prescribing (EP only)	At least 40% of all permissible prescriptions written by the EP are transmitted electronically
Maintain active medication/allergy list	At least 80% of all unique patients have at least one entry or an indication of "none"
Record demographics	At least 50% of all unique patients have demographics recorded Includes gender, race, DOB, ethnicity and preferred language
Record and chart changes in vital signs	For at least 50% of all unique patients age 2 and over seen by the EP, record blood pressure and BMI; additionally, plot growth chart for children age 2 to 20

Meaningful Use Criteria

Criteria	Measurement
Record smoking status for patients 13 years old or older	At least 50% of all unique patients 13 years old or older have "smoking status"
Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests results are incorporated as structured data
Generate lists of patients by specific conditions	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach
Report ambulatory quality measures to CMS or the States	For 2011, an EP would attest this has been done
Send reminders to patients for preventive/follow-up care	Reminders sent to at least 50% of all unique patients that are 65 and over
Implement five clinical decision support rules relevant to specialty or high clinical priority	Implement One clinical decision support rules relevant to the clinical quality metrics the EP is responsible for

Meaningful Use Criteria

Criteria	Measurement
Provide patients with an electronic copy of their health information upon request	At least 50% of all patients who request an electronic copy of their health information are provided it within 3 days
Provide patients with electronic access to their health information within 96 hours of the information being available (EP only)	At least 10% of all unique patients are provided timely electronic access to their health information
Exchange key clinical information among providers of care and patient authorized entities electronically and provide summary care record	Demonstrate the capability to electronically exchange clinical information (problem list, medication list, allergies, diagnostic test results, etc.) by performing at least one test of transmission.
Perform medication reconciliation at relevant encounters and each transition of care and referral	Perform medication reconciliation for at least 50% of relevant encounters and transitions of care
Submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test submission to immunization registries and public health agencies

Meaningful Use Criteria

Criteria	Measurement
Provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Demonstrate the capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice, by performing at least one test of transmission to public health agencies (where public health agencies can accept electronic data).
Protect electronic health information through the implementation of appropriate technical capabilities	Protect & ensure the security of electronic health information by conducting security risk analysis, implement updates as necessary, correct deficiencies.

Meaningful Use Criteria

Criteria	Measurement
Patient Reminders	Send patient reminders (per patient preference) for preventive/ follow-up care to 20 percent of patients age 65+ or less than 5 years
Provide timely access to new results:	More than 10 percent of all patients seen receive access to lab results, problem list, medication and allergy lists within 4 days of availability in the EHR

- ### Top Ten Implementation Challenges to Achieving Meaningful Use
1. Capture the data electronically
 2. Establish workflows (including medication reconciliation) to reinforce data entry
 3. Drive provider adoption of and if possible involvement in adopting the EHR
 4. Understand and enforce CPOE implementation requirements
 5. Start e-Prescribing as soon as possible

Top Ten Implementation Challenges to Achieving Meaningful Use

6. Develop a process for managing Clinical Decision Support
7. Develop patient health information exchange workflows
8. Formulate a provider health information exchange strategy
9. Ensure privacy and security compliance
10. Initiate EHR-based quality performance measurement and reporting support

Take Home Message

- EHRs Can Improve Patient Service and Provide Financial Benefits.
- Physicians need help
- Physicians need a “trusted advisor”
- EHR Implementation is a “Bet the Practice” Proposition That Requires Adequate Resources and Investments to Achieve Success.
- Don't try to implement an EHR on your own! ☺



For More Information

Mark R. Anderson, FHIMSS, CPHIMS
CEO and Healthcare Futurist
AC Group, Inc.
118 Lyndsey Drive
Montgomery, TX 77316
(281) 413-5572
eMail: mra@acgroup.org

Web Site: www.acgroup.org

Q & A Session