

Meaningful Use, eClinicalWorks and your practice



Agenda

- ARRA/HITECH Act
- Certification of vendors
- Meaningful Use definition
- Incentive payment options
- eClinicalWorks functionality related to MU objectives
- Q & A

Acronyms

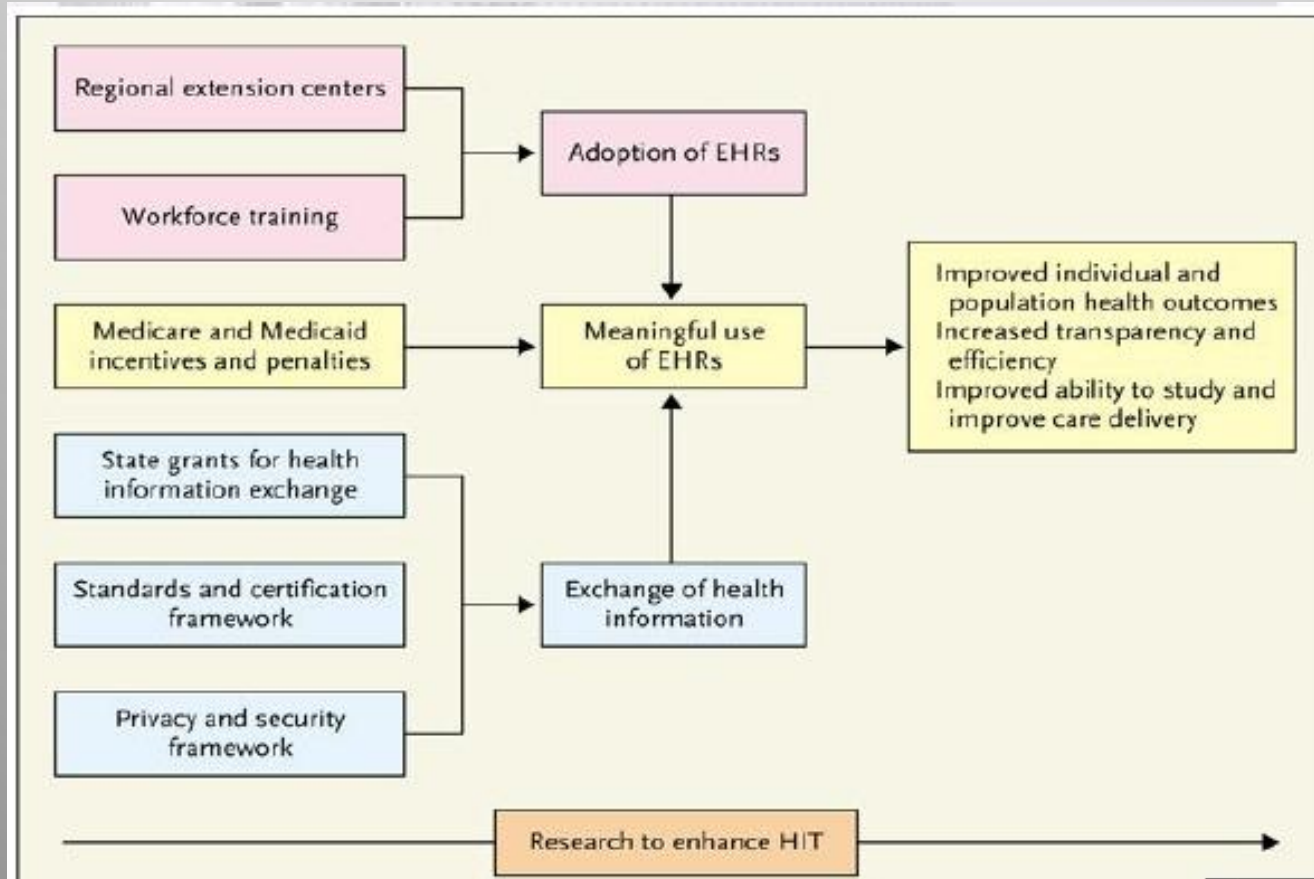
- **AQA- Ambulatory Care Quality Alliance**
- **ARRA – American Recovery and Reinvestment Act (a.k.a. the “stimulus bill”)**
- **CDS – Clinical Decision Support**
- **IFR – Interim Final Rule**
- **CPOE – Computerized Provider Order Entry**
- **EH- Eligible Hospital as defined by the CMS EHR Incentive Program**
- **EHR – Electronic Health Record**
- **EP- Eligible Provider as defined by the CMS EHR Incentive Program**
- **HIE – Health Information Exchange**
- **HIT – Health Information Technology**
- **HQA - Hospital Quality Alliance**
- **MU- Meaningful Use**
- **NPRM – Notice of Proposed Rule Making**
- **NQF- National Quality Forum**
- **ONC- The Office of the National Coordinator for Health Information Technology**
- **PHI – Protected Health Information**
- **PI – Process Improvement**
- **PQRI - Physician Quality Reporting Initiative**
- **RHQDAPU - Reporting Hospital Quality Data for Annual Payment Update**



American Recovery and Reinvestment Act (ARRA) of 2009 and Health Information Technology for Economic and Clinical Health Act (HITECH Act)

- This act was signed into law by President Obama on February 17, 2009 and encompasses the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
- The HITECH Act objective is to provide reimbursement incentives for eligible professionals and hospitals who can
 - demonstrate the meaningful use of electronic health records (EHR)
 - to establish standards, implementation specifications, and certification criteria for EHRs
 - protecting privacy and security of health information.

The HITECH Act's Framework for Meaningful Use of Electronic Health Records



Three Stage Plan

Stage	Focus	Date Range
Stage 1	data capture, basic functions, measure reporting	Starting in 2011
Stage 2	expands on stage 1, covers disease management dimensions	Starting in 2013
Stage 3	promotes PI, enhanced CDS, population health and support for public health	Starting in 2015

Medicare EP

- A Medicare EP is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor, who is legally authorized to practice under state law. A qualifying EP is one who demonstrates meaningful use for the EHR reporting period.
- Hospital-based EPs who furnish substantially all their services in a “hospital setting” are not eligible for incentive payments. CMS proposes that a hospital-based EP be defined as an EP who furnishes 90 percent or more of his/her allowed services in a hospital, including all hospital inpatient, outpatient, and emergency department settings.

Medicaid EP

- EP's are physicians, dentists, nurse practitioners, certified nurse midwives, and physician assistants practicing predominantly in a Federally Qualified Health Center or Rural Health Clinic (FQHC/RHC) that is directed by a physician assistant.
- EPs must annually meet patient volume thresholds, measured by a ratio where the numerator is the total number of Medicaid patient encounters
- EPs except pediatricians, the patient volume threshold is 30 percent; for pediatricians, it is 20 percent.

Key Definitions...



- **For a Medicare eligible professional, a payment year is a calendar year starting in 2011 – any continuous 90 day period**
 - Receive incentive payment equal to 75% of Medicare allowable charges for covered professional services
- **For a Medicaid eligible professional, a payment year begins in 2010 for adoption, implementation, or upgrading of a certified EHR. Meaningful use begins in 2011**
 - Medicaid – 30% of patients
 - Peds 20%

Five Broad Healthcare Goals for “Meaningful Use”

- Improve quality, safety, efficiency, and reduce health disparities
- Engage Patients and Families
- Improve Care Coordination
- Ensure adequate privacy and security protections for Personal Health Info
- Improve Population and Public Health

Certification of vendors

- As of today, the process and entities for certifying vendors has not been announced
- eClinicalWorks represents and warrants that the eClinicalWorks Products will meet the “Meaningful Use” certification criteria as defined by the American Recovery and Reinvestment Act (ARRA). **If eClinicalWorks Products do not get certified or fail to meet the certification criteria eClinicalWorks will credit twelve (12) months of maintenance fees**

MU Incentives - Medicare



Years	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	Total
CY 2011	\$18000	\$12000	\$8000	\$4000	\$2000	\$0	\$44000
CY 2012	0	\$18000	\$12000	\$8000	\$4000	\$2000	\$44000
CY 2013	0	0	\$15000	\$12000	\$8000	\$4000	\$39000
CY 2014	0	0	0	\$12000	\$8000	\$4000	\$24000
CY 2015	0	0	0	0	\$0	\$0	\$0
CY 2016	0	0	0	0	-1%	0	(Penalty)
CY 2017	0	0	0	0	-1%	-2%	(Penalty)

Stage 1 **Stage 2** **Stage 3**

MU Incentives - Medicaid



EHR Adoption	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
2011	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	0	0	0	0	0	\$63750
2012	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	0	0	0	0	0	\$63750
2013	0	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	0	0	0	0	\$63750
2014	0	0	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	0	0	0	\$63750
2015	0	0	0	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	0	0	\$63750
2016	0	0	0	0	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	0	\$63750
2017	0	0	0	0	0	\$21250	\$8500	\$8500	\$8500	\$8500	\$8500	\$63750

Stage 1 **Stage 2** **Stage 3**

There are no **penalties** under the Medicaid program, but participation does not exempt EPs from Medicare penalties if they do not demonstrate meaningful use by CY2015.

Reality Check

- 2011 standards set a floor and will evolve to more detail in 2013 & 2015
- Stimulus funds are front loaded
 - Carrot and the Stick
- There are approximately 25 required objectives to achieve meaningful use - a significant organizational commitment
 - 8 are Yes/No
 - 17 require specific detail on a numerator/denominator
 - CMS will not be ready until 2012 for all reporting
- All or nothing
- Incentive dollar totals represent maximum amount
- IFR comment period is over in March 15th – Final rule expected in spring/summer

Incentive Programs- Stage I Requirements

- Certified EHR technology that includes 25 measures; 17 measures require attestation by the provider; eight require information submitted by the provider.
- Requires Computerized Provider Order Entry (CPOE) for 80% of all eligible providers' orders
- Define robust clinical quality measures for eligible professionals (EPs).
- Requires patients be provided with an electronic copy of test results, problem lists, medication lists, and discharge summary upon request.

Incentive Programs Stage I Requirements

- EPs able to use an **attestation methodology** to submit **summary information to CMS in 2011. Expect a formalized process from HHS by 2012.**
- Hospitals eligible for Medicare and Medicaid incentives (volume threshold); EPs must choose between programs
- EPs must implement five clinical decision support rules relevant to clinical quality measures.

What does this mean to YOU...

- **Clinical Data Repository – store, retrieve, and manage medications and laboratory and radiology results.**
- **Clinical Documentation – provide appropriate referrals, problem list, current medication list.**
- **Clinical Decision Support – implement drug-drug, drug- allergy, and drug-formulary checks.**
- **CPOE - in the areas of medications, laboratories, radiology/imaging, and provider referrals.**
- **E-Prescribing - Requires electronic generation and transmission of permissible prescriptions**
- **Financial Information Systems – ability to check insurance eligibility and submit claims electronically.**
- **Patient Communication – ability to electronically generate reminders, provide test results, problem lists, and immunizations.**

- **Use CPOE for all order types including medications**
- **Implement drug-drug, drug-allergy, drug-formulary checks**
- **Maintain an up-to-date problem list**
- **Generate and transmit permissible prescriptions electronically (eRx)**
- **Maintain active medication list**
- **Maintain active medication allergy list**
- **Record primary language, insurance type, gender, race, ethnicity**
- **Record vital signs including height, weight, blood pressure**
- **Incorporate lab-test results into EHR**
- **Generate lists of patients by specific condition to use for quality improvement, reduction of disparities, and outreach**
- **Send reminders to patients per patient preference for preventive / follow up care**



Some Stage 1 requirements are straightforward

Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT[®]

The screenshot shows a medical software interface with the following elements:

- Search Bar:** "UpToDate[®] Search:" with a text input field and a "GO" button.
- Navigation Tabs:** "Overview" (selected), "DRTL", "History", "CDSS", "Alerts", "Labs | DI", and a star icon.
- Problem List Section (highlighted with a red box):**
 - Header: "Problem List" with a minus sign icon, a left arrow icon, and a three-dot menu icon.
 - Item: "250.00 Diabetes mellitus type II Low Risk" with a left arrow icon.
- Current Medications Section:** Header "Current Medications" with a minus sign icon, and sub-headers "Days Left" and "Stop Date".
- Allergies Section:** Header "Allergies" with a minus sign icon and a left arrow icon.
- Immunization Section:** Header "Immunization" with a minus sign icon.
 - Item: "Hepatitis A (adult)" with a minus sign icon.
 - Item: "Hepatitis A (adult)" with a plus sign icon and a date "01/07/2010".

Allergy & Interaction checking w/ drug formulary

A documented medication allergy will result in an allergy warning when the specified medication is prescribed.

The screenshot shows a medical software interface with a patient's medication list. A 'Drug Interaction' window is open, displaying 'Drug To Drug Interaction: NONE' and 'Drug To Allergy Interaction: NONE'. The medication list includes:

Medication Name	Strength	Form	Dose	Frequency	Start Date	End Date
Lansoprazole 40 MG	Tablet	1 Tablet Orally	Once a day	30 days	4/5/11	8/11/11
Amoxicillin 40 MG	Tablet	1 Tablet Orally	Once a day	30 days	11/11	8/11/11

The 'Drug Interaction' window shows a table of allergies:

Patient Allergy	Allergy Class	Allergy Type	Allergy Description
Penicillin G Benzathine	Penicillin	- anaphylaxis	The use of Keflex Oral Capsule 250 MG (Cephalexin) may result in a cross-sensitivity reaction based on a reported history of allergy to Penicillin G Benzathine (Penicillin).
Penicillin G Benzathine	penicillin	- anaphylaxis	The use of Keflex Oral Capsule 250 MG (Cephalexin Oral Capsule) may result in a cross-sensitivity reaction based on a reported history of allergy to Penicillin G Benzathine (Penicillin).

Patient-specific formulary checking is done via Surescripts. Therapeutic alternatives and payor specified alternatives are presents as appropriate.

The 'Drug Interaction' window shows specific drug interactions for Lansoprazole:

Drug	Condition	Severity	Precaution Description
Lansoprazole Oral Tablet 30 MG	Diabetes Mellitus	Major	Lansoprazole Oral Tablet 30 MG should be used cautiously in Diabetes Mellitus.
Lansoprazole Oral Tablet 40 MG	Diabetes Mellitus	Major	Lansoprazole Oral Tablet 40 MG should be used cautiously in Diabetes Mellitus.

The 'Select To - Pharmacy Benefit Source' window shows a list of drugs and their details:

Drug	Strength	Formulation	Dose	Frequency	Duration	Notes
Amoxicillin	250 MG	Capsule	2 capsules Orally	Three to 34 days	84	

• Clinical Decision Support

The screenshot displays the eClinicalWorks 8.0 interface. At the top, the header includes the logo, user profile, and navigation icons. The main content area is titled "Progress Notes" and shows patient information for James Smith, 66 years old, male, with a primary insurance of Aetna. Key data points include:

- Address:** 555 Florence St, Westboro, MA 01581
- DOB:** 01/01/1944
- Age:** 66 Y
- Sex:** Male
- Phone:** 508-999-9999
- Primary Insurance:** Aetna
- Payer ID:** 73383
- Address:** 555 Florence St, Westboro, MA-01581
- Encounter Date:** 02/25/2010
- Provider:** Sam Willis

 The "Subjective" section includes a "Chief Complaint(s)" of "Depression Screening" and a "PHQ-2" score of 2. The "PHQ-9" score is 9, indicating "Moderate Depression." The "Current Medication" list includes GlyBURIDE 5 MG, Metformin HCl 500 MG, Hydrochlorothiazide 25 MG, Glucophage 500 MG, Lipitor 20 MG, Maalox Max 400-400-40 MG/5ML, and Coumadin 1 MG. On the right side, the "UpToDate® Search" panel is open, showing "CDSS Alerts" such as "Depression screening," "Influenza vaccine (over 50)," and "Registry Alerts" like "Taking Statin." The interface also features a sidebar with navigation options like "Admin," "Practice," "Resource Sche...", "Office Visits," and "Registry."

Holy Grail - Measure Reporting

Quality Measure Reports

Run Date: 02/21/2008
Measure Dictionary: TCNY Measures
Measure Name: BP control in HTN (140/90)
Reporting Interval: Quarterly
Reporting End Date: 02/21/2008
Reporting Begin Date: 12/31/2007

Numerator: Number of patients in denominator having both a systolic blood pressure below 140 mm Hg and a diastolic blood pressure below 90 mm Hg, on their last blood pressure measurement within or prior to the reporting period

Denominator: Number of unique patients, at least 18 years of age with a diagnosis of hypertension established six months or more prior to the last day of the reporting period, AND no diagnosis of IVD or diabetes, and who were seen for a visit in the reporting period

Cross Tabs: Facility Provider Insurance Race Referral

Provider	Numerator	Denominator	Percentage
Drew, Jen	254	365	69.59%
Willis, Sam	197	261	75.48%
Jones, Mary	304	362	83.98%
McCarthy, William	62	76	81.58%
Bear, James	48	144	33.33%

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Resources

- ONC: <http://healthit.hhs.gov>
- CMS: www.cms.hhs.gov
- Federal Register MU NPRM:
<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>
- HIMSS: One stop for all ARRA information
- www.himss.org/economicstimulus
 - Summary, Analysis, Topical Reviews, FAQs
 - RSS Feed, Social Media
- eClinicalWorks
 - <http://eclinicalworks.com/meaningfuluse/index.html>