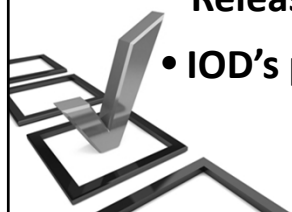




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Meaningful Use Certification & ROI
10/14/2012

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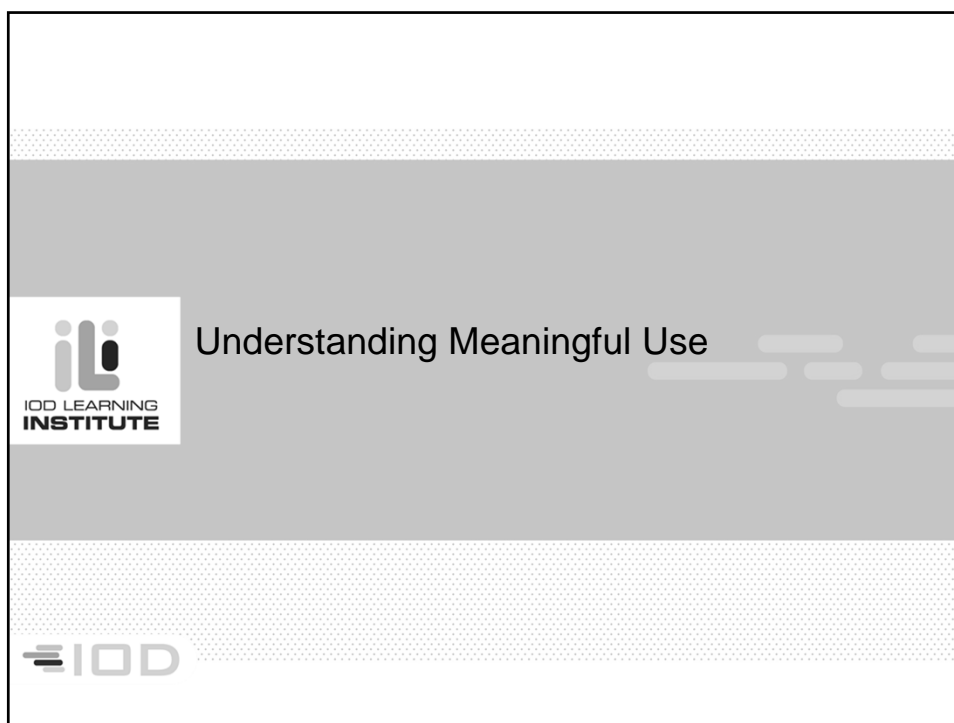


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Agenda

- **Understanding Meaningful Use**
 - Stage 1
 - Stage 2
- **Defining the interrelation of MU, HIM and Release of Information**
- **IOD's partnership approach to MU**

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The goal with Meaningful Use is to improve patient care through better clinical decision support and with the use of certified EHR technology which will

- ✓ Improve care coordination
- ✓ Engage Patient's in their healthcare decisions



BENEFITS

A close-up photograph of several 3D metallic dollar signs scattered on a dark surface, with one in the foreground being the most prominent.

By meaningfully using an EHR system, providers will reap benefits such as **FINANCIAL INCENTIVES.**





The electronic health record (EHR) incentive payments are administered by the Centers for Medicare and Medicaid Services (CMS).

MEDICARE INCENTIVES

\$44,000 per Eligible Professional (EP)
 \$2 million base payment for Eligible Hospitals (EH)

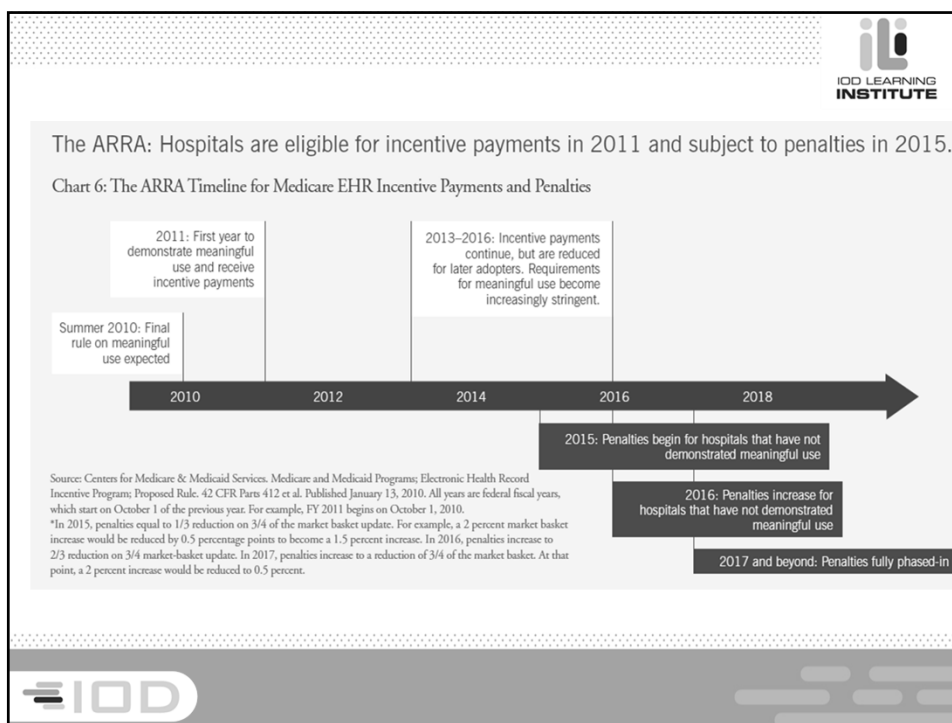
MEDICAID INCENTIVES


\$63,750 per Eligible Professional (EP)*
 Eligible Hospitals (EH) payments begin with \$2 million base payment
 *\$63,750 per EP over the six years that they choose to participate in the program



Maximum Payment by Start Year	Annual Incentive Payment by Stage of Meaningful Use					
	2011	2012	2013	2014	2015	2016
2011	1	1	1	2	2	3
\$44,000	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	
2012		1	1	2	2	3
\$44,000		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000
2013			1	1	2	2
\$39,000			\$15,000	\$12,000	\$8,000	\$4,000
2014				1	1	2
\$24,000				\$12,000	\$8,000	\$4,000









3 exceptions to the Medicare Payment Adjustments:




- 1) Lack of availability of the internet or obtaining IT infrastructure
- 2) A time-limited exception for newly practicing EPs or EHS that would not otherwise be able to avoid payment adjustments
- 3) Unforeseen circumstances like natural disasters

EH must apply for the hardship exception by April 1 of the FY and EPs by July 1 of the year prior to the payment adjustment year.







According to HIMSS, Meaningful Use is the #1 PRIORITY for hospital and health system information technology departments.



Meaningful Use is the use of *certified* technology

- In a meaningful manner, such as e-prescribing
- To submit clinical quality measures
- For electronic exchange of health information across dissimilar IT system to improve quality of healthcare
- Allow patients the ease of access, download, and transmission of their healthcare records



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Relationship Between MU, HIM and ROI

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Stage One


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Core Objective 11

Core Objective 13
EP only

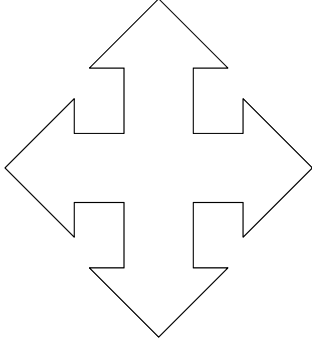
Core Objective 14

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How will you engage patients and families in healthcare decisions?

How will you handle a request for an electronic copy of health information from the hybrid record?




Promote electronic access to health information?

Timely completion of transcribed reports?



Core Objective 11

Provide patients with an electronic copy of their own health information upon request at least 50% of the time





Health Outcomes Policy Priority	Stage 1 Objective	Meaningful Use – Stage 1 Core Set		Stage 1 HIE Implication
		Stage 1 Objective Description	Stage 1 Measure	
Engage patients and families in their healthcare	Electronic Copies of Patient Health Information	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all unique patients of the EP, eligible hospital or CAH who request an electronic copy of their health information are provided it within 3 business days	<p>No HIE requirement.</p> <p>The supply of information can be done locally through creation of any electronic Media¹ (eMedia) that can be given to the patient. eMedia is defined as any form of physical media that can be provided to the patient including CD, a memory stick/USB drive or use of a local web site/portal. Note: Appropriate encryption must be used with physical media to assure that if the media is lost or stolen, the data is protected. The final rule indicates that the form and format should be human readable and comply with the HIPAA Privacy Rule and that providers are expected to make reasonable accommodations for patient preferences as outlined. (Reference PDD Page 163)</p> <p>There is implied HIE functionality if the provider uses an external non-tethered PHI.</p> <p><i>This response applies to all the other following health information data sharing and access requirements between providers and patients as outlined in the final rule.</i></p>
	Hospital Discharge Instructions	<i>Hospitals Only:</i> Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH who request an electronic copy of their discharge instructions are provided it	

Who will own the process?
How will it be recorded for reporting?
How long does it take to get the discharge summary in the system?

¹ eMedia as used here can refer to any form of physical media that can be burned and given to the patient (CD, memory stick, etc.). It also includes use of a local web site to deliver information to the patient which may cross the line over to what would otherwise be considered HIE.





Core Objective 11


Factors:

- Request must be made by a patient or their personal representative
- Patient must request delivery of an electronic copy of his/her medical records







Core Objective 11



Factors:



- Records must be stored in a certified EHR technology
- For hospitals, records must be either inpatient or ER service

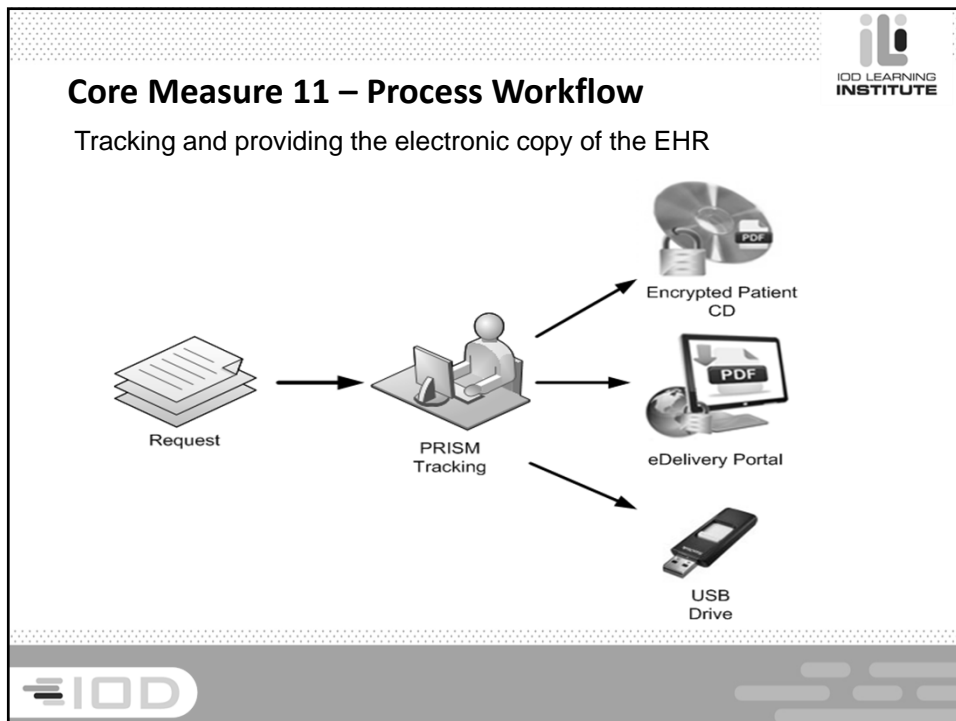
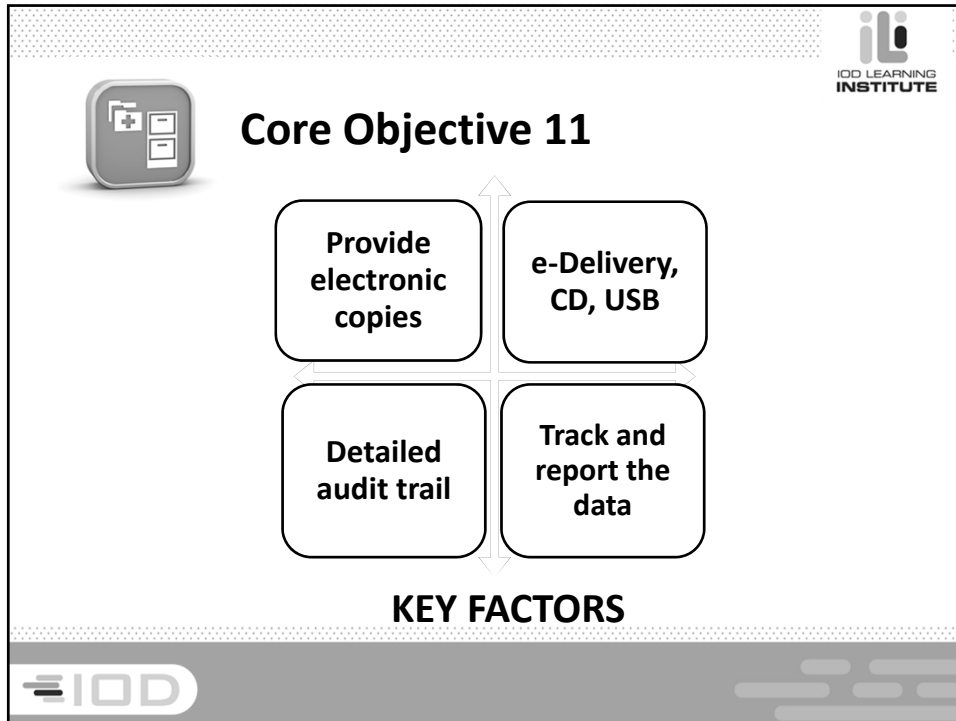



Calculating The Measure

Total Requests Delivered Electronically Within 3 Days

Total Number of Requests for Electronic Delivery










Core Measure 11: Tracking Requests

EMR feature:

- Request tracking feature meets the requirements of Core Objective 11
- Notation of HITECH EMR flag is recorded in the system and begins the three business day turnaround clock








Core Measure 11: Reporting

HITECH EMR Requests Report only includes “qualifying” patient requests and compares the Received Date and Date Sent (business days) in PRISM to calculate the total percent.

HITECH EMR Requests Report - Detail

Run Date: 01/28/2012
 Site: IOD GENERAL MEDICAL CENTER
 Start Date: 12/01/2011
 End Date: 12/31/2011

Provider: Not Assigned	
Total Requests Processed up to 12/27/2011:	3808
Total HITECH EMR Requests processed up to 12/27/2011:	1187
% of Requests which were HITECH EMR Requests:	21.00%
Total HITECH EMR Requests processed:	1187
Total HITECH EMR Requests Completed within 3 business days:	923
Total HITECH EMR Requests Not Completed within 3 business days:	264
Number of patients who requested an electronic copy:	1187
Number of patients who received electronic copy within 3 days:	923
Percent result:	77.76%





Core Objective 13

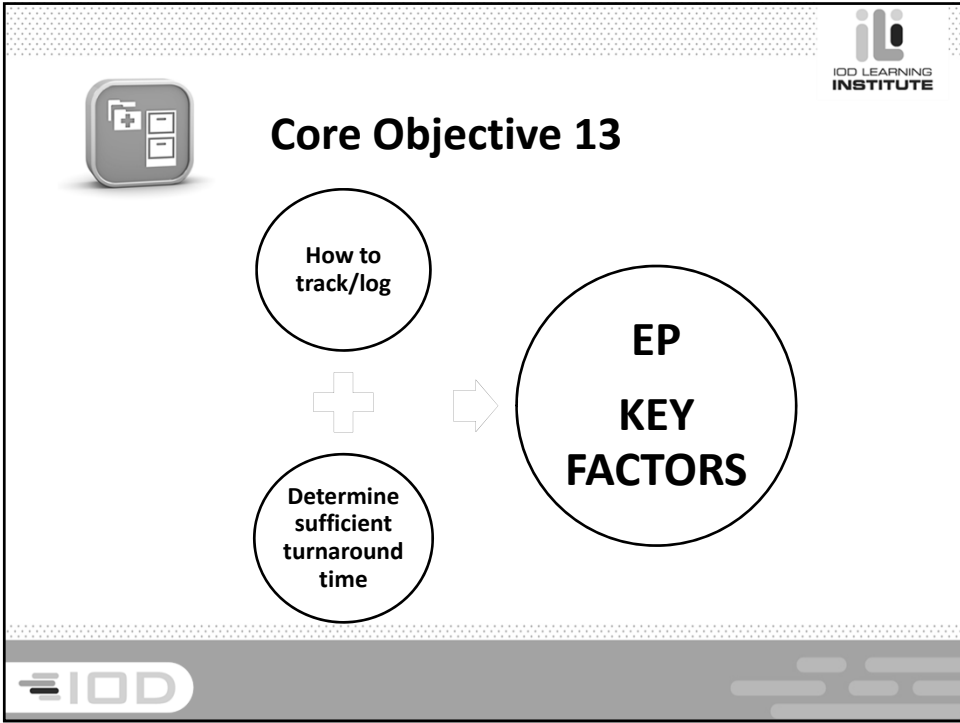
EPs Only – provide clinical summaries of each office visit, upon request.



Core Objective 13

- Clinical summaries can be provided in paper or electronically and still meet the requirement.
- Clinical summaries must be provided to over 50% of the patients who request them.





Core Objective 13

How to track/log

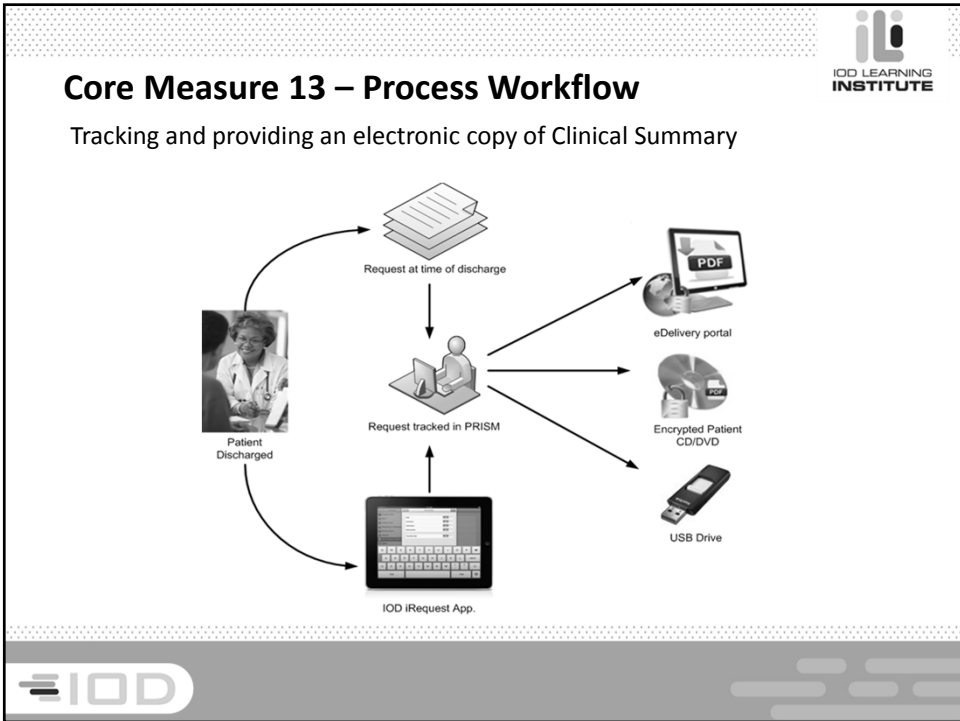
Determine sufficient turnaround time

EP KEY FACTORS

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The diagram illustrates the components of Core Objective 13. It features a central circle labeled 'EP KEY FACTORS'. To its left, two smaller circles are stacked vertically: 'How to track/log' on top and 'Determine sufficient turnaround time' on the bottom. A plus sign is positioned between these two circles, and a right-pointing arrow connects the entire stack to the central circle. In the top right corner is the 'IOD LEARNING INSTITUTE' logo, and in the bottom left corner is the 'IOD' logo.



Core Measure 13 – Process Workflow

Tracking and providing an electronic copy of Clinical Summary

Request at time of discharge

Request tracked in PRISM

IOD iRequest App.

eDelivery portal

Encrypted Patient CD/DVD

USB Drive

Patient Discharged

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The diagram shows the process workflow for Core Measure 13. It starts with a 'Patient Discharged' (represented by a photo of a doctor). An arrow points to 'Request at time of discharge' (represented by a stack of papers). From there, an arrow points to 'Request tracked in PRISM' (represented by a person at a computer). Below this, an arrow points to the 'IOD iRequest App.' (represented by a tablet). From 'Request tracked in PRISM', three arrows point to different delivery methods: 'eDelivery portal' (represented by a computer monitor with a PDF icon), 'Encrypted Patient CD/DVD' (represented by a disc), and 'USB Drive' (represented by a USB drive). The 'IOD LEARNING INSTITUTE' logo is in the top right, and the 'IOD' logo is in the bottom left.



Core Measure 13 – Tracking Results

HITECH EMR feature:

- Request tracking feature meets the requirements of **Core Objective 13**
- Notation of HITECH DI-CS flag is recorded in the system to reflect the request for discharge instructions or clinical summaries



Stage 1

EP: Provide 50 %patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request.

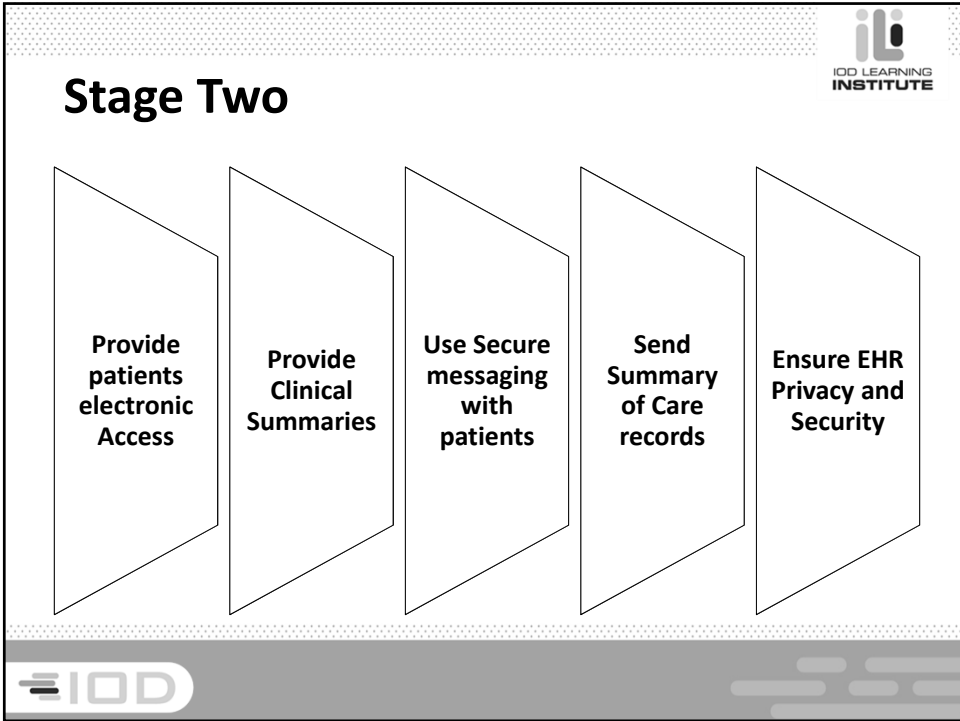
EH : Provide 50% patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.

Stage 2

EP : Provide 50% patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.

EH: Provide more than 50% of all patients who are discharged from the inpatient or ER the ability to view online, download and transmit information about a hospital admission within 36 hours of discharge.





Core Objective :



Patient Patients Online Access

EP: Provide patients the ability to view online, download, and transmit their health information within 4 business days of this information being available to the EP.

Measure: More than 50% of all patients seen during the reporting period are provided timely online access to their health information and more than 5% of these patients view, download, or transmit to a third party.

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Patient Portal

Factors:

- More than **50%** are provided online access within the timeframe (4 days for EP, 36 Hrs from discharge for EHs)
- More than 5% view, download, or transmit to a third party






secure web access
put medical records at
your patients fingertips
patient portal

Patient Portal Options

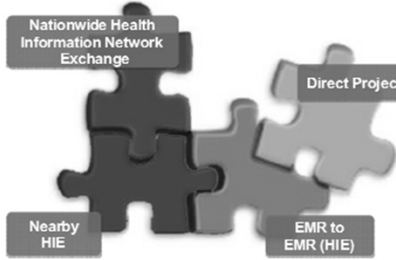
- Facility/Provider can provide Patient Portal on premises.....a Patient Kiosk
- Contract with a Patient Portal Vendor
- Alternative outlets include HIEs, Direct Project





The Direct Project

- Does not replace other ways information is exchanged electronically today, but it hopes to boost or enhance
- Supports simple use cases in order to speed adoption
- Designed to coexist smoothly with existing protocols like HIEs



Resource: <http://directproject.org>








The Direct Project

...facilitates the communication of many different kinds of content necessary to fulfill meaningful use requirements

Patients	<ul style="list-style-type: none"> • Health information • Discharge instructions • Clinical Summaries • Reminders
Public Health	<ul style="list-style-type: none"> • Immunization registries • Syndromic surveillance • Laboratory Reporting
Other Providers/Authorized Entities	<ul style="list-style-type: none"> • Clinical information • Lab test results • Referrals summary of care record




Resource: <http://directproject.org>





Core Objective :
Provide Clinical Summaries


EPs Only: Provide clinical summaries for patients for each visit within 1 business day for more than 50% of office visits



Core Objective :
Use Secure Messaging with Patients

EPs Only: Use secure online messaging to communicate with patients on relevant health information.

Measure: More than 10% of patients seen by the EP during the reporting period were sent a secure message using the electronic messaging function of the Certified EHR technology.





Core Objective :

Send Summary of Care Records


EPs : When and EP transitions their patient to another care setting or has a referral to another care setting, they must provide a summary of care record for more than 50% of those patients.

The EP must electronically submit 10% to a recipient with a different EHR vendor.



ROI Approach to Meaningful Use






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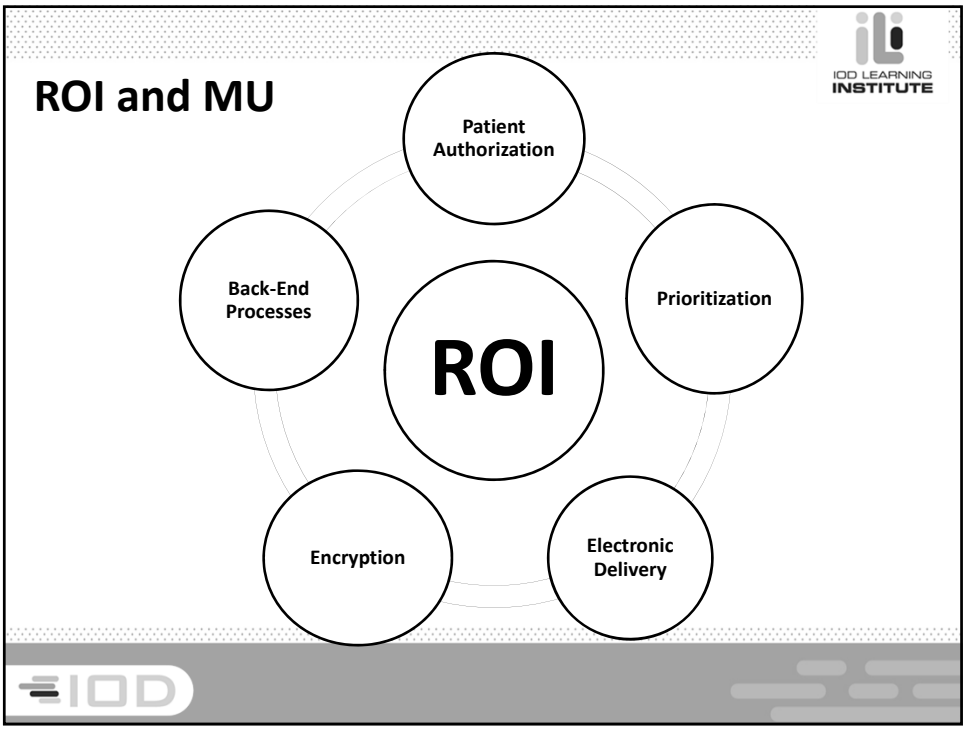
Meeting the MU Challenge

People +Process+Technology = ROI Workflow Success

- provide electronic information to patients
- software to handle business process expertise
- technology with flexible workflows to meet MU measures
- CMS certified EHR technology









ROI Turnaround time

- A faster TAT must occur for patient requests
 - 3 business days
 - No longer 30 days under HIPAA
- How will the staff track these requests ?
- Is your ROI software certified for MU?

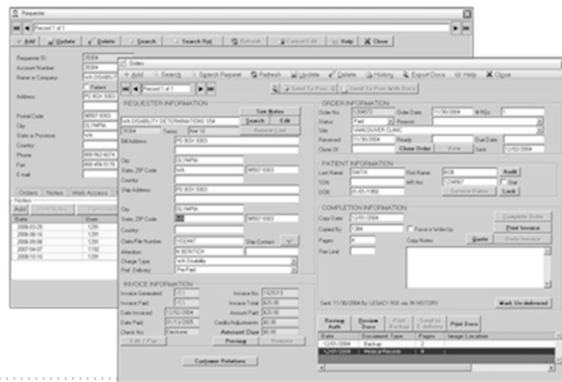


TECHNOLOGY and WORK FLOW



ROI Technology

This technology must provide complete tracking and reporting from every stage of the ROI process to assist in MU core measures.






Certified EHR Technology

Certified EHR technology *must* meet the guidelines of ONC-ATCB 2011/2012 Certification – EHR Technology for Hospitals and EPs










Core Measure 12 – Reporting

HITECH DI-CS Requests Report includes patient requests for electronic copies of Discharge Instructions for EHs and Clinical Summaries by provider for the EP.

HITECH DI-CS Requests Report - Detail

Run Date: 01/28/2012
Site: IOD GENERAL MEDICAL CENTER
Start Date: 12/01/2011
End Date: 12/31/2011
Provider: Dr. John Smith
Total Requests Processed up to 12/27/2011: 3808
Total HITECH DI-CS Requests processed up to 12/27/2011: 1187
% of Requests which were HITECH DI-CS Requests: 21.00%
Total HITECH DI-CS Requests processed: 1187
Total HITECH DI-CS Requests Completed within 3 business days: 923
Total HITECH DI-CS Requests Not Completed within 3 business days: 264
Number of patients who requested an electronic copy: 1187
Number of patients who received electronic copy within 3 days: 923
Percent result: 77.76%







Define operational procedures and the technology and tools that will be utilized for tracking and delivery of requests.

Document the processes in your Procedures Manual and ensure that your ROI associates are trained in using the tools. Consider a 90 day “trial period” to work out operational issues.

Ensure ROI staff understands the importance of prioritizing those patient requests for electronic delivery of medical information given \$\$ at stake.



Additional Resources

IOD's Meaningful Use Whitepaper
E-mail sales&marketing@iodincorporated.com for a copy


IOD Incorporated
www.iodincorporated.com


ONC
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_home/1204

Direct Project
<http://directproject.org>

CMS
www.CMS.gov


Drummond Testing Centers
<http://www.drummondgroup.com/>





QUESTIONS?

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