From EHR Implementation to Attestation: Auditing and Monitoring Meaningful Use

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April 20, 2014
11:00 AM – 12:00 PM

Outline
- Overview of Health System
- EHR Implementation
- Governance – EHR & MU
- Approach to MU Attestation
- Compliance Role
- Identifying & Approving MU Objectives/CQMs
- Validation Process
- External Audits

Catholic Health Services of Long Island

Catholic Health Services of Long Island (CHS) was founded in 1997 by the Diocese of Rockville Centre and encompasses facilities and services that originated as charitable institutions under the sponsorship of religious sponsors. CHS serves hundreds of thousands of Long Island residents each year, providing care that extends from the beginning of life to helping people live their final years in comfort, grace and dignity.

CHS is an integrated system encompassing some of the region’s finest health and human services agencies. With six acute care hospitals, three skilled nursing facilities, a home health agency, hospice and a community-based agency for persons with special needs. CHS’s high standards have resulted in a nearly 24% market share.
**CHS Statistics**

- **2014**
  - 81,055 hospital admissions
  - 5,973 newborn deliveries
  - 296,211 home care visits
  - 56,370 ambulatory surgeries
  - 28,195 inpatient surgeries
  - 531,011 ambulatory outpatient visits
  - 11,515 cardiac catheterizations
  - 4,316 coronary angioplasties
  - 1,385 open heart surgeries
  - 236,686 emergency department visits
  - 137,644 hospice days of care
  - Tens of thousands of rehabilitation visits
  - Day and residential services for 2,150 individuals with special needs, behavioral/mental health concerns and substance abuse issues

**System Highlights**

- 1,928 certified hospital beds
- 790 nursing home beds
- Almost 17,000 employees
- More than 4,000 medical staff
- More than 3,000 volunteers
- $2 billion in revenues

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**EHR Implementation Timeline**

<table>
<thead>
<tr>
<th>Hospital A</th>
<th>Hospital C</th>
<th>Hospital E</th>
</tr>
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<tbody>
<tr>
<td>Jun 2012</td>
<td>Mar 2013</td>
<td>Sep 2013</td>
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Dec 2012 Hospital B
Jun 2013 Hospital D
Jun 2014 Hospital F

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**EHR Implementation**

- Original project included five hospitals, plan was revised to include sixth hospital later in project.
- Lessons learned from the first 2 implementations set the stage for the timing of subsequent facility implementations.
- The timing is designed to minimize adoption failure and meet the demands of users involved with the initiative.
- Original scope did not include implementation of EHR to owned and affiliated practices. This was later changed.
- MUJ preparation ran concurrently with continued EHR implementation.
**GOVERNANCE - EHR**

**IT Executive Steering Committee**
- Final authority for IT and eHealth decisions
- Development of overall policy and strategy
- Approve and monitoring of budget
- Demonstration and communication of organizational commitment to Project

**IT Executive Steering Committee Sub-Group**
- Monitoring of eHealth budget, approval of scope changes
- Streamlining of executive decision making to accelerate key decisions: organizational priorities and policy, standardization and resource allocation

**GOVERNANCE - EHR**

**Clinical Workgroups**
- Order Sets
- Clinical Content
- Ambulatory Clinical Content
- Clinical Order Management
- Clinical Documentation, MD/MLP
- Clinical Documentation, Multidisciplinary

**Operational Workgroups**
- Patient Administrative
- End User Training
- Systems Integration
- Charge Management
- Combined HIM, Privacy

**Department Workgroups**
- Radiology
- Pharmacy
- Emergency Department
- Care Management
- Respiratory Therapy
- Performing Department (PT/OT/Speech)

**Physician Office Workgroups**
- Professional Billing Workgroup
- Owned Practices
- My Chart

**GOVERNANCE - MU**

- As EHR implementation progressed, the need for a smaller, focused oversight group was identified for MU
  - MU Executive Committee
  - Clinical and Educational Committees were combined to work through requirements and compliance.
  - Hospital MU Committees and Provider MU Committees were combined at each hospital. Committees to monitor reports, integrate quality initiatives, and prepare for attestation for both hospitals and providers.
GOVERNANCE - MU

Meaningful Use Executive Committee

- Monitor the status of the MU process, including systems implementation, report development, proper workflow adoption, implementation of adequate security practices, financial incentives and penalties and attestation process and evidence.
- Approve all MU attestations prior to submission by entity and local MU process owners.

Eligible Provider and Eligible Hospital MU Committees
- Review summary dashboard and detailed reports;
- Identify areas for improvement;
- Modify hospital process, workflow to achieve improved results;
- Prepare for attestation, including preparation of evidence to support reported metrics; and
- With approval of the MU Executive Committee, attest for MU with Medicare and Medicaid.

APPROACH TO MU ATTESTATION

- For Medicare, hospitals are required to perform the following tasks to be eligible for Stage 1:
  - Implement and EHR system;
  - Complete a security risk analysis;
  - Collect patient data for a period of ninety (90) consecutive days; and
  - Submit data on the appropriate MU measures.
    - Clinical Quality Measures
    - Core and menu objectives
**APPROACH TO MU ATTESTATION**

- Upon completion of Stage 1, hospitals become eligible for Stage 2.
- For Medicaid Stage 1, hospitals must demonstrate they adopted, implemented, and upgraded an EHR system.
- All hospitals have attested to Stage 1, Year 1.
- Four have attested to Stage 1, Year 2 and will be attesting to Stage 2, Year 1 for the 2015 reporting year.

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**Role of Compliance**

- Participate in committees at all levels and evaluate communication process between committees and levels of leadership to determine appropriate oversight and communication.
- Research and report on industry updates and regulations related to MU.
- Provide support and guidance to committee members.
- Monitor progress of project and status of recommendations.

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**Role of Compliance**

- Verify list of MU authorized or delegated officials.
- Develop audit programs for EHR implementation and MU validation.
- Obtain and validate Operational Lead’s worksheets.
- Review MU audit packets, which include a summary report and supporting details.
Identifying & Approving
MU Objectives

2014

➢ Core and Menu Objectives – Stage 1
  ◆ Complete 11 core objectives
    □ Analysis and recommendation for choice of objectives completed by the MU Team.
  ◆ Complete 5 of 10 menu objectives
    □ More than 5 selected, providing the hospitals with the ability to select the objectives to report.
➢ Objectives presented to and approved by both the Hospital MU Committee and the MU Executive Committee.

Identifying & Approving
MU CQMs

2014

➢ Clinical Quality Measures
  ◆ Complete 16 CQMs from 3 National Quality Strategy domains.
    □ Selected to align with existing CMS quality measurement programs, such as PQRS and Hospital Inpatient Quality Reporting.
➢ CQMs presented to and approved by both the Hospital MU Committee and the MU Executive Committee.

MU Workflow

Once Objectives are approved:

➢ Report built
➢ Validate test report
➢ Reports tested and validated in Production

Validation process for the Core and Menu Objective and the CQMs is the same as post report go-live.
**Validation Process**

**Core and Menu Objective Report Review**
- 70 patients selected from EHR's detailed reports for review by each facility.
- EHR reports compared to documentation present in unique patient’s chart.
- IAC conducted a secondary review of a sample from each facility's validation worksheet.

**Validation Process**

**Quality Reports**
- One Auditor selected from each Hospital to perform validation on one of our selected CQM sets.
- Each auditor validates a sample of records across all hospitals.
- Allows trends to be easily identified across the network.

**Validation Process**

**Attestation Packets**
- All MU reports and supporting documentation to complete the packet are compiled by the Hospital Operational Lead.
- Reviewed and Approved at the Hospital MU Committee; Attestation Approval Form signed by the Hospital CAO.
- Reviewed and Approved at the MU Executive Committee; Attestation Approval Form signed by the Committee.
- Upon CEO approval and signature, the authorized hospital delegate electronically attests to MU.
Validation Process
Attestation Packets

Maintained centrally and at each hospital

- Paper
  - Utilized during approval process

- Electronic
  - Hospital MU Shared drive
  - IT Shared drive

ATTESTATION PACKETS
ELIGIBLE HOSPITALS

- Executive Summary
- Hospital Summary Report (from EHR system)
- Attestation Summary Worksheet
  - Objectives
    - Core
    - Clinical Quality Measures
- Supporting Documentation for:
  - Data Validation
    - Objectives
    - Clinical Quality Measures
    - Issues List/CQM Follow Up

ATTESTATION PACKETS
ELIGIBLE HOSPITALS

- Supporting Documentation for:
  - Decision Documents and Policies
  - ED Visits Calculation
  - Attestation Reporting Period
  - Attestation Only Objectives Screenshots
  - Security Assessment
    - EH Risk Assessment
    - Information Security Risk Analysis Policy
    - Information Security Risk Management Policy
  - Reference Documents/CMS FAQs
ATTESTATION PACKETS
ELIGIBLE PROVIDERS

- Executive Summary
- MU Eligibility
- Provider Summary Report (from EHR system)
- Attestation Summary Worksheet
- Supporting Documentation for:
  - Data Validation
    - Objectives
    - Clinical Quality Measures
    - Issues List
  - Decision Documents and Policies
    - Eligible Provider MU Registration & Attestation
    - Attestation Reporting Period

ATTESTATION PACKETS
ELIGIBLE PROVIDERS

- Supporting Documentation for:
  - Attestation Only Objectives Screenshots
  - Security Assessment
    - Provider’s MU Risk Assessment
    - Information Security Risk Analysis Policy
    - Information Security Risk Management Policy
  - Reference Documents/CMS FAQs

External Audits

- CMS
  - Hospital
  - Provider
- Medicaid
  - Hospital
Questions?

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