



California Area Program Director's Meeting July 20, 2010

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Electronic Health Record (EHR)

Vista Imaging

Electronic Dental Record (EDR)

**CMS Final Rule on
Meaningful Use of an EHR**

RPMS Electronic Health Record

- Builds on a wealth of data already gathered in RPMS
- No software or licensing fees
- National and Area support for EHR implementation
- Ongoing National and Area support of EHR
- Simplified GPRA reporting
- RPMS EHR is currently certified
- Recertification will be pursued

EHR Implementation

- Electronic Health Records are currently in use at a variety of clinics in California
- Multiple California sites are in the pipeline for EHR implementation
- The CAO is looking for clinics interested in EHR implementation

VistA Imaging

- Incorporates text and images to complete EHR
- Images are attached to EHR notes
- Providers “double-click” icon to access images
- Set-up and implementation training through CAO
- No software or licensing fees required
- Cost is based on medical provider FTE
- Servers and back-up housed and serviced at CAO
- Requires 60 to 90 days for implementation

VistA Imaging Implementations

- Four California clinics have implemented VistA Imaging
- A second group will implement VistA Imaging in September
- Space is available for the September (and future) implementations

Electronic Dental Record

- Must be using EHR or “EHR Ready “
- Submit EDR Facility Survey online
<http://www.doh.ihs.gov/EDR/index.cfm?fuseaction=facility.display>
- Dr. Steve Riggio is the CAO EDR contact:
steve.riggio@ihs.gov
- Dr. George Chiarchiaro is the EDR Project Manager:
george.chiarchiaro@ihs.gov

Reasons to Adopt EHR, EDR, and VistA Imaging

- Complete and accurate information
- Medication Safety Checks
- Better access to information
- Patient empowerment
- ARRA Financial incentives

CAO Resources

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HITECH

- The Health Information Technology for Economic and Clinical Health Act (HITECH) authorized incentive payments through incentive payments to clinicians and hospitals when they use EHRs privately and securely to achieve specified improvements in care delivery

FINAL Rule on Meaningful Use

The Final Rule (for 2011-2012) has now been published and can be downloaded at:

[http://www.ihs.gov/recovery/mu_documents/
CMS%20Final%20Rule.pdf](http://www.ihs.gov/recovery/mu_documents/CMS%20Final%20Rule.pdf)

New England Journal of Medicine Summarizes Final Rule

Access the four page summary authored by David Blumenthal, (national coordinator for health IT at HHS) and Marilyn Tavenner (principal deputy administrator of CMS) at:

http://content.nejm.org/cgi/reprint/NEJM_p1006114.pdf?ssource=hcrc

Demonstrating Meaningful Use

Proposed rule included 25 objectives which would ALL need to be met.

The **FINAL rule** divides these into:

1. Fifteen Core Objectives

2. Ten Additional Important Activities

Core Objectives

- Constitute an essential starting point for meaningful use of EHRs
- These are basic functions that enable EHRs to support improved health care
- These objectives are included on the following slides

Core Objectives and Measure

Objective	Measure
Core set†	
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause of death in the event of mortality)	More than 50% (previously 80%) of patients' demographic data recorded as structured data
Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)	More than 50% (previously 80%) of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	More than 80% of patients have at least one entry recorded as structured data
Maintain active medication list	More than 80% of patients have at least one entry recorded as structured data
Record smoking status for patients 13 years of age or older	More than 50% (previously 80%) of patients 13 years of age or older have smoking status recorded as structured data

Core Objectives and Measure

Objective	Measure
Core set† (page 2)	
For individual professionals, provide patients with clinical summaries for each office visit; for hospitals, provide an electronic copy of hospital discharge instructions on request	Clinical summaries provided to patients for more than 50% (previously 80%) of all office visits within 3 business days; more than 50% of all patients who are discharged from the inpatient department or emergency department of an eligible hospital or critical access hospital and who request an electronic copy of their discharge instructions are provided with it
On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, and for hospitals, discharge summary and procedures)	More than 50% (previously 80%) of requesting patients receive electronic copy within 3 business days
Generate and transmit permissible prescriptions electronically (does not apply to hospitals)	More than 40% (previously 80%) are transmitted electronically using certified EHR technology
Computer provider order entry (CPOE) for medication orders	More than 30% (previously 80%) of patients with at least one medication in their medication list have at least one medication ordered through CPOE

Core Objectives and Measure

Objective	Measure
Core set† (page 3)	
Implement drug–drug and drug–allergy interaction checks	Functionality is enabled for these checks for the entire reporting period
Implement capability to electronically exchange key clinical information among providers and patient-authorized entities	Perform at least one test of EHR’s capacity to electronically exchange information
Implement one clinical decision support rule and ability to track compliance with the rule	One (previously five) clinical decision support rule implemented
Implement systems to protect privacy and security of patient data in the EHR	Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies
Report clinical quality measures to CMS or states	For 2011, provide aggregate numerator and denominator through attestation; for 2012, electronically submit measures

Additional Important Activities

Eligible providers choose five (of the ten) additional important activities for implementation during 2011-2012

These activities include drug-formulary checks, incorporation of clinical lab results, patient reminders, health education resources as shown on the following slides

Additional Important Activities

Objective	Measure
Menu set†	(Eligible providers may select any five measures)
Implement drug formulary checks	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period
Incorporate clinical laboratory test results into EHRs as structured data	More than 40% (previously 50%) of clinical laboratory test results whose results are in positive/negative or numerical format are incorporated into EHRs as structured data
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate at least one listing of patients with a specific condition
Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate	More than 10% of patients are provided patient-specific education resources (<i>new measure</i>)
Perform medication reconciliation between care settings	Medication reconciliation is performed for more than 50% (previously 80%) of transitions of care

Additional Important Activities

Objective	Measure
Menu set‡ (continued)	(Eligible providers may select any five measures)
Provide summary of care record for patients referred or transitioned to another provider or setting	Summary of care record is provided for more than 50% (previously 80%) of patient transitions or referrals
Submit electronic immunization data to immunization registries or immunization information systems	Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions)
Submit electronic syndromic surveillance data to public health agencies	Perform at least one test of data submission and follow-up submission (where public health agencies can accept electronic data)
Additional choices for eligible professionals	
Send reminders to patients (per patient preference) for preventive and follow-up care	More than 20% of patients 65 years of age or older or 5 years of age or younger are sent appropriate reminders
Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, medication allergies)	More than 10% of patients are provided electronic access to information within 4 days of its being updated in the EHR

Reporting Requirements (2011-2012)

Eligible Providers must report on:

- **Three** Core Set and
- **Three** (out of ten) Menu Set measures

Core Set measures are:

1. Blood pressure level
2. Tobacco status
3. Adult weight screening

NOTE: Reporting is required for **all** patients (not just Medicaid or Medicare)

Menu Set Measures Include

- Diabetic Management
- Asthma Care
- Heart Failure and Coronary Artery Disease Management
- Prenatal Care
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Anti-depressant Medication Management

Regional Extension Centers (RECs)

California has **two** regional extension centers:

- CalHIPSO (CA – except LA and Orange Counties)
- LA Care (Los Angeles County)

The National Indian Health Board (NIHB) is the REC for Indian Country. IHS and NIHB will collaborate to support meaningful use of an EHR at I/T/U sites.

Moving Forward

- Select a site MU coordinator
- October 2010 - California MU Conference
- July 22, 2010 CMS and ONC Audio Training on Final Rules
- August 4, 2010 Webex - “The Meaningful Use Rule and How It Affects the I/T/U Community” at

<https://ihs-hhs.webex.com/ihs-hhs/k2/j.php?ED=141124937&UID=1148217927&RT=MiM2&FM=1>

Meaningful Use Resources

IHS MU website: www.ihs.gov/recovery

CMS website:

http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp#TopOfPage

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