



RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS - EHR End User Training & Go Live

Agenda

September 24-28, 2012

Office of Information Technology (OIT)
Albuquerque, New Mexico
&
Narragansett Indian Health Center

Charlestown, RI

Table of Contents

1.0 General Information3

 1.1 Purpose of Training **Error! Bookmark not defined.**

 1.2 Prerequisites..... **Error! Bookmark not defined.**

 1.3 Accreditation..... **Error! Bookmark not defined.**

 1.4 Guidelines for Receiving Continuing Education Credit**Error! Bookmark not defined.**

2.0 Learning Objectives Error! Bookmark not defined.

3.0 Instructors and Facilitators Error! Bookmark not defined.

 3.1 Albuquerque, NM (OIT) **Error! Bookmark not defined.**

 3.2 Remote Site, State (Agency) **Error! Bookmark not defined.**

4.0 Detailed Agenda7

5.0 Biographical Sketches9

Contact Information Error! Bookmark not defined.

Document Set-Up Instructions..... Error! Bookmark not defined.

1.0 General Information

1.1 Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

As part of the ARRA initiative, Tanana Chiefs Conference was awarded \$1.3 million in matching funds to expand the use of Health Information Technology throughout the interior of Alaska. The project includes three sub-regional Section 330 grantees: Tanana Chiefs Conference, Council of Athabaskan Tribal Government, and the Edgar Nollner Health Clinic. In addition to the sub-regional clinics, 25 additional village clinics are included in the initiative to improve communication flow, increase access to a higher level of health care, improve the safety of health care, and reduce health care costs by implementing the EHR and integrating the health records of the region.

1.2 Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare IT related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR, and (b) \$2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. “Meaningful use” of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

1.3 Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between \$2 million to \$8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

1.4 Meaningful Use

“Meaningful use” is a term used by CMS to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 will begin in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP’s specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE, among other measures. Reporting of clinical quality measures in 2011 will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

1.5 Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.

- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients
- Report information for quality improvement and public reporting.
- Use CPOE – 10%
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded
- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions
- Maintain active medication list – 80% of all patients
- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients
- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI – 80% of all patients.
- Record smoking status for patients 13 years old or older – 80% of all patients.
- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive/follow-up care to at least 50% of patients with unique conditions.
- Implement five clinical decision support tools.

- Check insurance eligibility electronically from public and private payers – 80% of all patients.
- Submit claims electronically to public and private payers – 80% of all patients.

1.6 Instructors and Facilitators

Disclosure Statements: All of the faculty for this course have completed the disclosure process and have indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest. Additionally, they have agreed to use generic or multiple trade names when referring to medications and will identify an off-label or experimental uses of medication.

- Robin Bartlett, PharmD, MSP, NCPS, Clinical Application Coordinator, Nashville Area Office
- Carla Stearle, PharmD, BCPS, EHR Pharmacy Consultant, Office of Information Technology and United South and Eastern Tribes (Remote)
- Jennie Chase-Wilson, MS, MT (ASCP), EHR Laboratory Consultant, Office of Information Technology and United South and Eastern Tribes (Remote)
- Philip Taylor, RN, Contractor (Medsphere – Remote)
- Kelly Samuelson, CAC Mentor, Contractor (USET – Remote)

2.0 Detailed Agenda

- Day One: End User Training**
8:30 AM - 12:00 PM (Group One)
1:00 PM - 5:00 PM (Group Two)
- Medication Management
 - Outside Medications
 - Medication Reconciliation
 - Medication Orders
 - Medication Administered in Clinic
 - Printing a Prescription
 - Special Problems
 - Overview of e-Prescribing (Project Management Plan)

 - Laboratory POC

- Day Two: End User Training**
8:30 AM - 12:00 PM (Group One)
1:00 PM - 5:00 PM (Group Two)
- Patient Registration & Check In
 - Documentation of Chief Complaint
 - Intake
 - Chief complaint
 - Vital Signs
 - Tobacco
 - Alcohol
 - Domestic Violence
 - Depression Screening
 - Reproductive Factors
 - Medication Reconciliation
 - Adverse Reactions
 - Immunization Update
 - History & Physical
 - Problem List & POV
 - E&M and CPT Coding
 - Treatment Plan
 - Laboratory Orders
 - Medication Orders
 - Radiology/Imaging Orders
 - Consults & Consult Tracking (to include Behavioral Health)
 - Patient Education

Day Three: Go Live, Configuration & Test of Identified Issues**8:30 AM - 12:00 PM****1:00 PM - 5:00 PM**

- Patient Registration & Check In
- Documentation of Chief Complaint
- Intake
 - Chief complaint
 - Vital Signs
 - Tobacco
 - Alcohol
 - Domestic Violence
 - Depression Screening
 - Reproductive Factors
 - Medication Reconciliation
 - Adverse Reactions
 - Immunization Update
- History & Physical
- Problem List & POV
- E&M and CPT Coding
- Treatment Plan
 - Laboratory Orders
 - Medication Orders
 - Radiology/Imaging Orders
 - Consults
 - Patient Education

Day Four: Go Live, Configuration & Test of Identified Issues**8:30 AM – 12:00 PM****1:00 PM – 3:00 PM**

- Go Live Continued....
- Wrap Up

3.0 Biographical Sketches

Robin Bartlett, PharmD, MSP

Nashville Area Clinical Applications Coordinator and Pharmacy Consultant

CDR Robin Bartlett is currently serving as Nashville Area Clinical Applications Coordinator, Chief Area Pharmacy Consultant, Meaningful Use Coordinator, Training Coordinator, and Improvement Support Team member since April 2010. CDR Bartlett is a Commissioned Officer in the USPHS and has been in the Indian Health Service since 2001. After graduating with a Doctor of Pharmacy degree from University of Florida, CDR Bartlett completed a one-year Indian Health Service Pharmacy Practice Residency Program at Cherokee Indian Hospital. CDR Bartlett transferred to Whiteriver Indian Hospital in 2002 and served the role of a Clinical Staff Pharmacist. CDR Bartlett transferred back to Cherokee Indian Hospital in 2004 and served as a Clinical Staff Pharmacist, Pharmacy Intern Experiential Program Director, Inpatient Pharmacy Services Coordinator, Joint Commission Medication Management Workgroup Team Leader, and electronic MAR Implementation Project Manager. CDR Bartlett is certified as a National Clinical Pharmacy Specialist (NCPS) in Anticoagulation through the IHS Clinical Support Center and an adult pharmacy-based immunization provider. CDR Robin Bartlett graduated with a Master of Science in Pharmacy degree program with special emphasis in Patient Safety and Risk Management from the University of Florida in 2012.

Philip Taylor, RN

Contractor (Medsphere)

Phil is a Clinical Consultant for Medsphere Systems Corporation. Phil has been a Registered Nurse for over 30 years. He holds a degree in Nursing from Vincennes University and a B.A. in Classical Studies from Indiana University. Phil provided clinical application support to VA Medical center staff using the VistA electronic medical record system for over 12 years prior to joining Medsphere. Phil's clinical history was primarily in Psychiatric Nursing. Currently Phil's primary responsibilities are providing training support (such as Basic CAC School and EHR for Inpatient) and configuration/setup support to OpenVista/EHR installations.

Jennette Chase-Wilson, MS, MLS (ASCP)

IHS OIT Laboratory Consultant

Jennette (Jennie) Chase-Wilson, MS, MLS (ASCP) received her BS in Microbiology from San Diego State University and interned at Mercy Hospital School of Medical Technology in San Diego. She received her MS in Microbiology from Montana State

University. She joined the Indian Health Service in 1986 after 13 years in the private sector. Her experience in IHS has taken her from Ft. Belknap, MT, to Whiteriver Indian Hospital, AZ, to Yakama Service Unit, WA, and finally to Warm Springs Health and Wellness Center in Oregon. Jennie served as Infection Control Officer at WSSU and Yakama IHS and was active on many committees throughout the years. Jennie served Portland Area Office as Assistant Project Officer for the Quest Reference Laboratory Contract 2004 - 2009. Jennie has been the Laboratory Supervisor at Warm Springs Health and Wellness Center for 11 years. During her time as lab supervisor, the laboratory became more heavily automated and computerized, expanded staffing, began a NHCA Phlebotomy Training Program, and increased the in-house test menu by 95%. The overall workload expanded more than 100%. Jennie completed the install of RPMS in 1999 in the lab. Electronic Health Records began at Warm Springs in 2004. In 2006, she and her staff developed a procedure in EHR that virtually eliminated “Lab Orphans” at WSSU. In 2007, the installation of the Quest Reference Lab Interface was begun and is now 98% interfaced. This year saw the successful implementation of EHR-POCT. Jennie has been proactive in training and advancement of all phases of POCT, working with the CAC and nursing staff to expand and perfect the process.

LCDR Carla Stearle, PharmD, BCPS

OIT/USET Pharmacy Consultant

LCDR Carla Stearle serves as a Commissioned Officer in the United States Public Health Service and has been with the Indian Health Service (IHS) since 2004. She received her Bachelor of Science Degree in Biology from Penn State University in 2000 and her Doctor of Pharmacy degree from the University Of Maryland College Of Pharmacy in 2004. Carla completed a pharmacy practice residency at W.W. Hastings Cherokee Nation Indian Hospital in 2004 and remained at Hastings as a staff pharmacist until 2009. In 2009 she transferred to the Office of Information Technology as an Inpatient Pharmacy Consultant where she assisted in the deployment of the Electronic Health Record (EHR) in the inpatient setting of numerous IHS hospitals. She is currently working as both of member of the USET/EHR Deployment Team and as part of the IHS e-Prescribing program. She also serves as the lead for the Informatics Residency rotation for the IHS pharmacy residents.