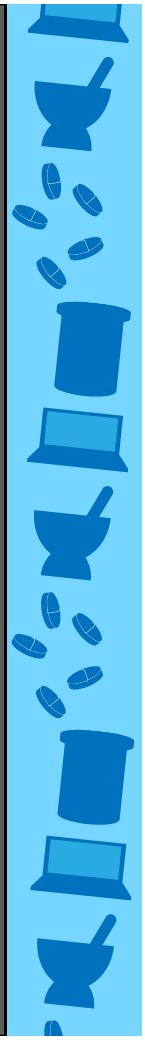
Meaningful Use And Pharmacy

Chris Lamer

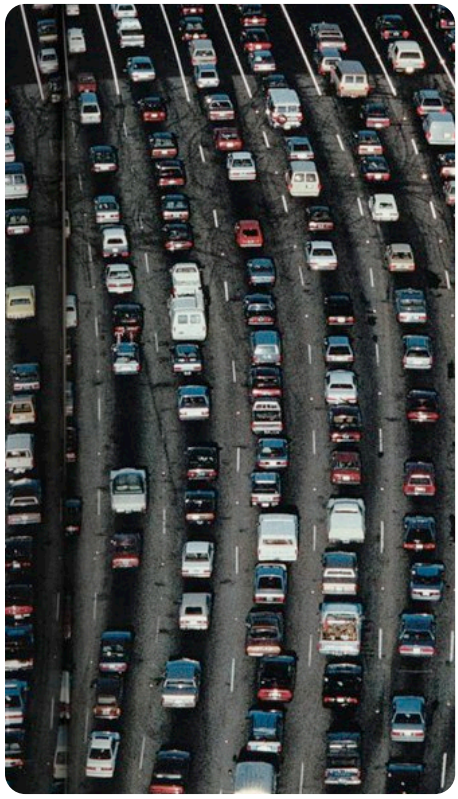
STANDARDS

INTEROPERABILITY



Meaningful use is about standards and interoperability.
Standards are like car requirements - they can only be so wide, have certain safety features, and follow specific requirements.
Interoperability is like the road the standard travels on to its destination. It must be wide enough to carry the car and it should be able to connect point A to point B.

What is Meaningful Use?



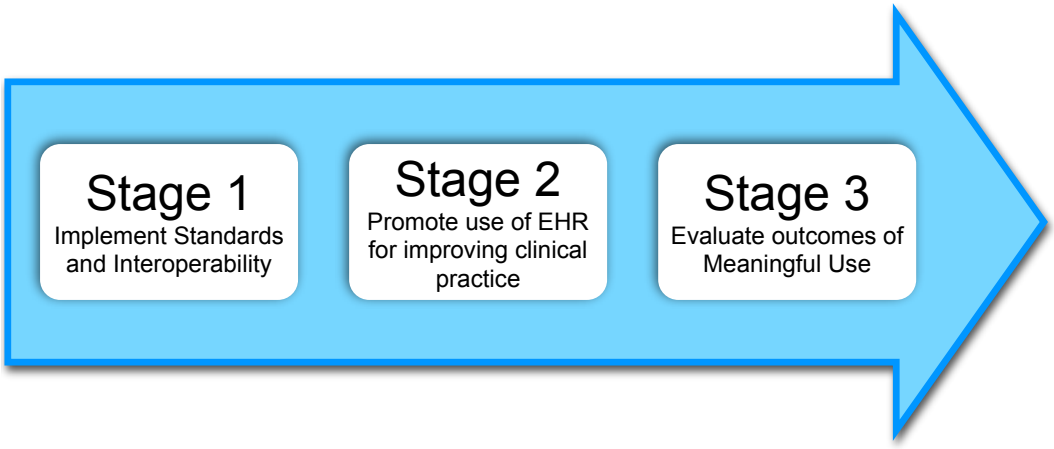
Standards:

Assures that data is can be shared and used by all health care applications and programs.

Interoperability:

Enables the sharing of standardized information among different health care systems and applications.

Timeline


Stage 1
Implement Standards and Interoperability
Stage 2
Promote use of EHR for improving clinical practice
Stage 3
Evaluate outcomes of Meaningful Use

What is necessary to participate in Meaningful Use?

- Must be an Eligible Provider (EP) or Eligible Hospital (EH) ***to get incentive $$***
- Must use a certified EHR
  - RPMS-EHR certified for stage 1 Meaningful Use for EP and EH on April 1, 2011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certifies that the EHR Product listed below meets the mandatory certification criteria identified in the ONC Standards and Certification Criteria Final Rule as listed on the reverse.

Resource and Patient Management System (RPMS)

Version RPMS Suite (BCEN) v1.0

by

Indian Health Service

Certificate #: 10-2410-11-0051

Certified Date: April 1, 2011

Classification: Complete EHR

Practice Setting: Inpatient

The complete list of certified EHR Products is posted on the ONC Certified HIT Product List (CHPL) website at: http://onc-chpl.force.com/ehrcert


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Version RPMS Suite (BCEN) v1.0

by

Indian Health Service

Certificate #: 10-2410-11-0050

Certified Date: April 1, 2011

Classification: Complete EHR

Practice Setting: Ambulatory

The complete list of certified EHR Products is posted on the ONC Certified HIT Product List (CHPL) website at: http://onc-chpl.force.com/ehrcert

- Must apply (Medicare and/or Medicaid)
- Must demonstrate meaningful use of the certified EHR

Eligible providers and eligible hospitals can participate in MU through Medicare and/or Medicaid. They will receive incentive funds initially for meeting MU requirements; however, after 2015/2016 programs that do not meet MU will suffer penalties

- Performance Measures
  - Measures how the EHR is used
- Clinical Quality Measures
  - Measures effects on patient care

http://www.ihs.gov/meaningfuluse

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Meaningful Use

The objectives of Meaningful Use of a certified Electronic Health Record (EHR) are to improve the safety, quality, and efficiency of care. Meaningful Use of EHRs can improve health care processes through the use of software applications that provide secure access, clinical decision support, performance reporting, and exchange of information with other providers of care. Systems such as these help to avoid preventable errors and allow for making better and more consistent decisions.

Meaningful Use Listserv

- Join the MU Listserv
  MU Listserv is a mailbox where Meaningful Use questions and information can be communicated

Under the provisions of the American Recovery and Reinvestment Act of 2009, the Centers for Medicare and Medicaid Services is authorized to make incentive payments for Medicare and Medicaid eligible professionals and eligible hospitals that demonstrate meaningful use of certified Electronic Health Record technology. These incentives provide additional resources to stimulate continued improvement throughout the health care system.

The vision which drives the achievement of meaningful use of EHR is one in which all patients are fully engaged in their healthcare, providers have real-time access to all medical information and tools to help ensure the quality and safety of the care provided while also affording improved access and elimination of health care disparities.

The intent of Meaningful Use is using certified Electronic Health Record technology to:

- Improve quality, safety, and efficiency of health care to reduce health disparities
- Engage patients and their families in their health care
- Improve coordination of care
- Improve population and public health
- Maintain privacy and security of patient information

Achievement of Meaningful Use requires the following:

- Adopt/Implement/Upgrade to a certified Electronic Health Record
- Demonstrate the meaningful use of a certified Electronic Health Record

The Meaningful Use initiative requires an integrated approach between IHS Meaningful Use teams, National Indian Health Board American Indian/Alaska Native National Regional Extension Center (NIHB AI/AN National REC) and its sub-recipient contractors.

Press Release - MU Press Release April 18, 2011 [PDF - 116KB]

Meaningful Use Overview Presentation - Meaningful Use for Information Technology [PPT - 1.91MB]

Comprehensive Approach for Success - Meaningful Use Comprehensive Approach for Success (5/3/11) [Word - 32K]

Meaningful Use Newsletter - Fall 2011 [PDF - 407KB]

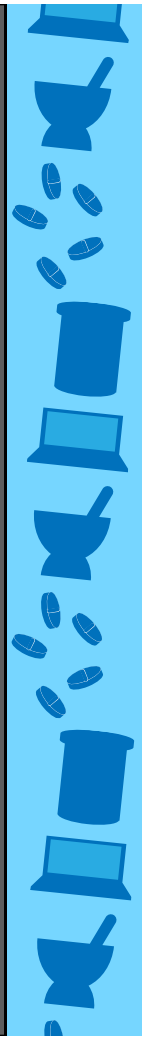
Meaningful Use Conference - Handout [PDF - 268KB]

Performance Measures

Performance measures - shows if the EHR is being used in a meaningful way. Programs must meet all of the core measures as well as 5 of the optional measures.

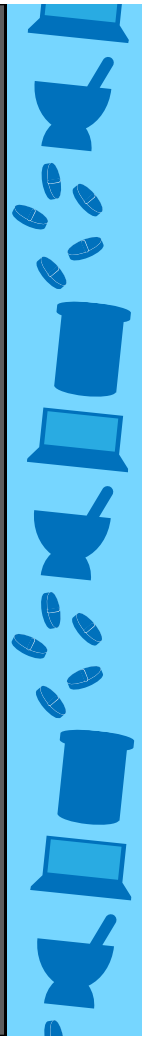
Performance Measures Core Set

- CPOE Medication (>30% of patients have a medication in their profile entered by EP)
- Drug Interaction Check (EHR order check)
- Maintain Problem List (>80%)
- eRX (>40% of prescriptions from EP entered in RPMS EHR to pharmacy package or submitted electronically)
- Active Medication List (>80%)
- Medication Allergy List (>80%)
- Record Demographics
- Record Vital Signs
- Record Smoking Status
- Report CQM
- Clinical Decision Support Rule
- Electronic Copy of Health Information (>50% of patients who ask for it; documented by HIM through ROI application)
- Clinical Summaries (>50% receive a copy of the PWH with meds, labs, allergy, & problems)
- Electronic Exchange of Clinical Information (C32 & HIE)
- Protect Electronic Health Information

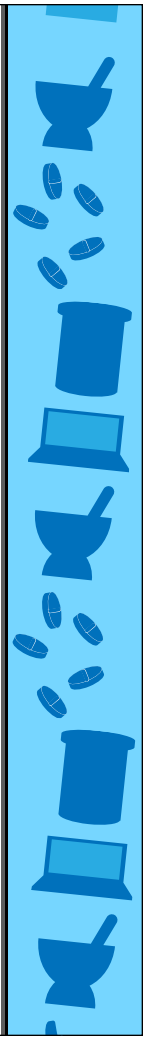


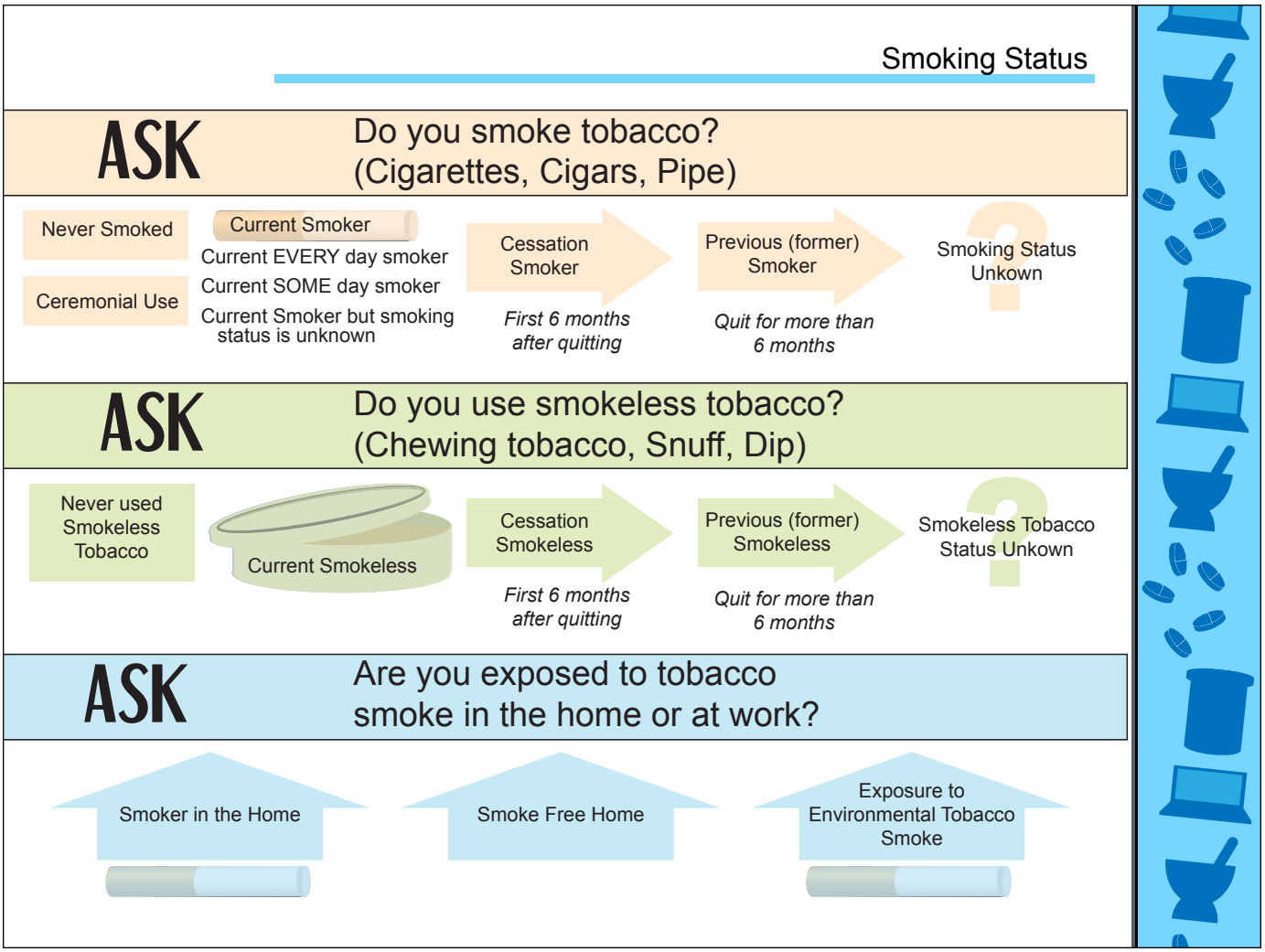
Performance Measures Option Set

- Drug Formulary Checks
- Clinical Lab Test Results (>40%)
- Patient Reminders (>20% population age ≥65 or ≤5 years)
- Patient Electronic Access (10%)
- Patient Specific Education Resources (>10%)
- Medication Reconciliation (>50%)
- Transition of Care Summary (>50%, C32)
- Immunization Registries Data Submission
- Syndromic Surveillance Data Submission



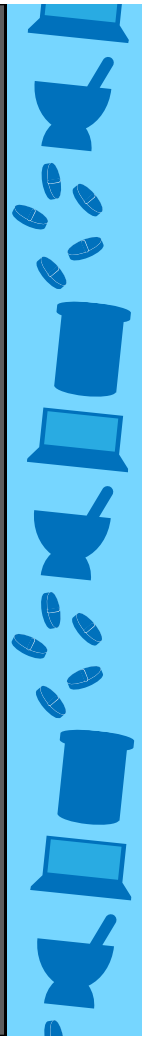
- Smoking status
- Patient Wellness Handout
  - Clinical Summaries
  - Patient Reminders
- Medication Reconciliation
- Patient Electronic Access (PHR)
- Patient specific education resources (National Library of Medicine)





For MU, you must document smoking status
For GPRA, you must document smoking status, smokeless status, or exposure to environmental tobacco smoke
For good clinical care, you should document all 3
Note: people who had an old health factor of smoker are now considered "current smoker but status unknown" - be sure to assess the patient and document whether they smoke every day or on some days.
Note: patients should only be cessation smokers for 6 months. If they quit for more than 6 months they should become previous smokers.
Smoking assessment is documented as a health factor (meets MU, GPRA, and IPC measures)
Smoking intervention can be Patient Education, medication, visit to tobacco clinic, or a CPT code

- Clinical Summaries
  - Must contain labs, medications, allergies, and problem list
    - Items may be omitted for individual patients if it may pose harm
- Patient Reminders
  - Any health maintenance reminder added to the PWH and mailed or electronically sent to 20% of patients with active charts age ≤ 5 or ≥ 65



Used to meet Clinical Summaries measure - must contain meds, labs, allergies and problem list. If any of this information could pose harm to the patient, they can be removed for that patient.
Note: labs looks for labs resulted in the past 100 days. For patients on inpatient, this could result in a long list. A requirement to limit the lab results to inpatient or outpatient has been submitted for the future.
Note: the PWH counts for the measure if you print it on paper or on the screen (if the patient doesn't want it and you want to save a tree) - it's always good to ask the patient if they want a copy first.
Note: the PWH can also be used as a Personal Medication Record (PMR) as required for providing Medication Therapy Management (MTM)

MTM: Personal Medication Record (PMR)

- Patient name
- Patient birth date
- Patient phone number
- Emergency contact information (Name, relationship, phone number)
- Primary care physician (Name and phone number)
- Pharmacy/pharmacist (Name and phone number)
- Allergies
- Other medication-related problems
- Potential questions for patients to ask about their medications
- Date last updated
- Date last reviewed by the pharmacist, physician, or other healthcare professional
- Patient's signature
- Healthcare provider's signature
- For each medication, inclusion of the following:

1 Medication (e.g., drug name and dose)

2 Indication (e.g., Take for...)

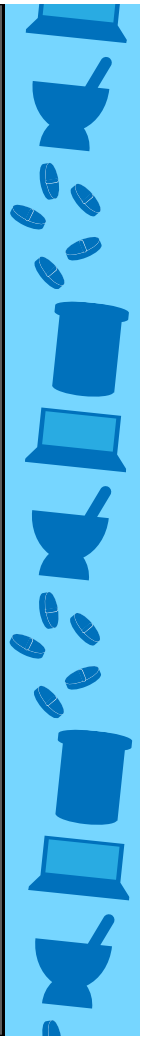
3 Instructions for use (e.g., When do I take it?)

4 Start date

5 Stop date

6 Ordering prescriber/contact information (e.g., doctor)

7 Special instructions



- Medication Reconciliation
  - PWH Recommended
  - Must document education code M-MR

Give a copy of the PWH or other medication list (PWH recommended but not required)
Must document Patient Education M-MR in order for it to count for MU.

http://www.ihs.gov/cio/ehr/index.cfm?module=medication_reconciliation

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Medication Reconciliation

Definition

As defined by the JCAHO, medication reconciliation is "the process of comparing a patient's medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions. It should be done at every transition of care in which new medications are ordered or existing orders are rewritten. Transitions in care include changes in setting, service, practitioner or level of care.

Medication Reconciliation Process

The medication reconciliation process comprises five steps:

1. Develop a list of current medications;
2. Develop a list of medications to be prescribed;
3. Compare the medications on the two lists
4. Make clinical decisions based on the comparison
5. Communicate the new list to appropriate caregivers and to the patient."

This means that there are two parts to address medication reconciliation:

Part A) Clinician/pharmacist reviews medication profile with the patient to assure it is correct and up-to-date.

- Discontinue all non-active medications
- Renew all expired medications
  - If the patient already has these medications, the pharmacist places them on hold
- Prescribe new medications not on the medication profile including OTC, herbal, and traditional medications
  - All prescriptions will contain the indication for prescribing (to address health literacy)

Part B) Patients will receive a copy of their medication profile using the Patient Wellness Handout or other printed report.

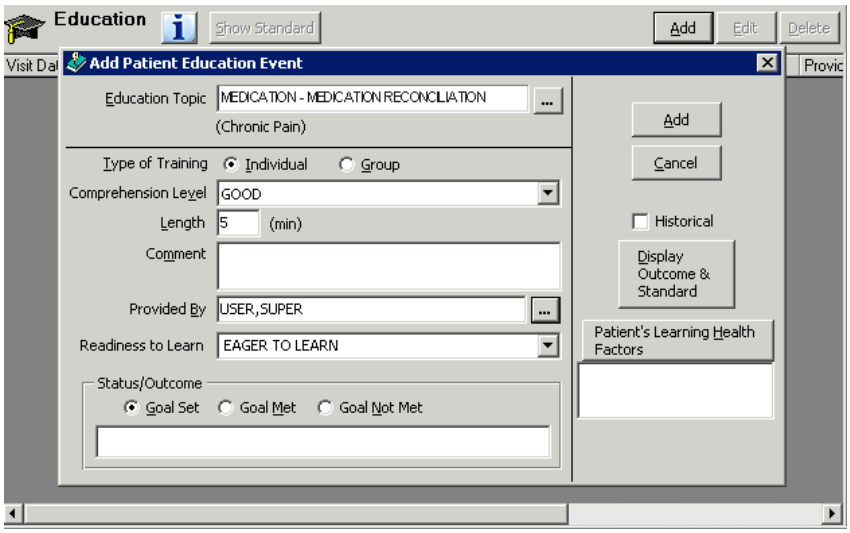
- The medication profile will contain medications with the status of active, hold, or returned to stock.
  - Medications that are expired and not current therapy and discontinued should not appear on the profile
  - Consider printing a copy of the Patient Wellness Handout for the patient containing their medication profile.
- The medication profile is to be reviewed with the patient.
- Document the medication reconciliation process using the patient education code: M-MR (see Patient Education Protocol for Medication Reconciliation). [DOC-62KB]

M-MR MEDICATION RECONCILIATION

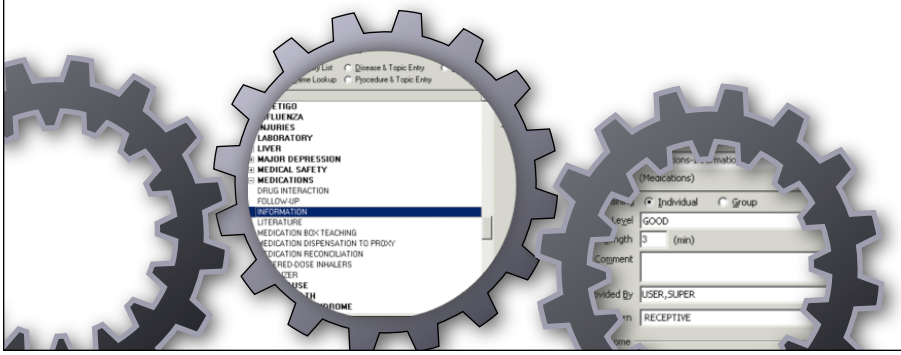
OUTCOME: The patient/family will receive and review a printed medication profile.

STANDARDS:

1. Emphasize the importance of maintaining an accurate and updated medication profile.
2. Provide the patient/family with a copy of the patient's medication profile.
3. Discuss the content of the medication profile with the patient/family. Emphasize that the profile should consist of all medications including prescription, over-the- counter medications, herbals, traditional, and medications dispensed at a non-IHS pharmacy.
4. Emphasize the need to provide a copy of the complete medication profile at every medical visit.

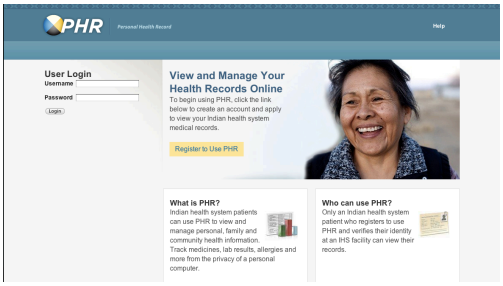


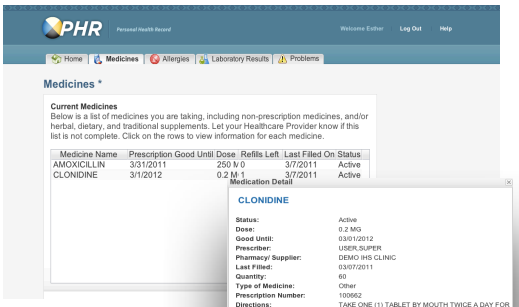
- Some ideas on how to do it:
  - Document through the wellness tab
  - Add the education code to pharm ed button
  - Create a reminder dialog to document the M-MR (or other education code) while writing a note

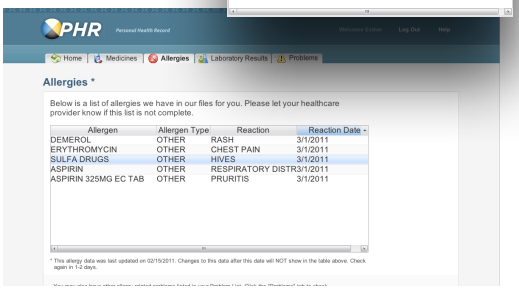


Electronic Access (Personal Health Record)

- Administrative App
- Patient Portal
  - Integration with MPI
- Real Time Data:
  - Medication List
  - Allergies
  - Lab Results
  - Problem List
- Link to NLM Handouts
- Blue Button

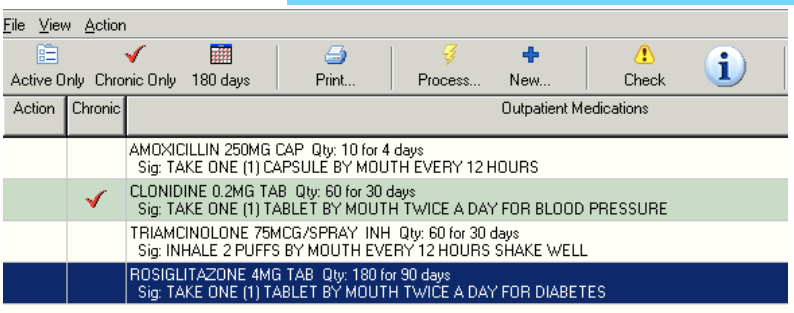






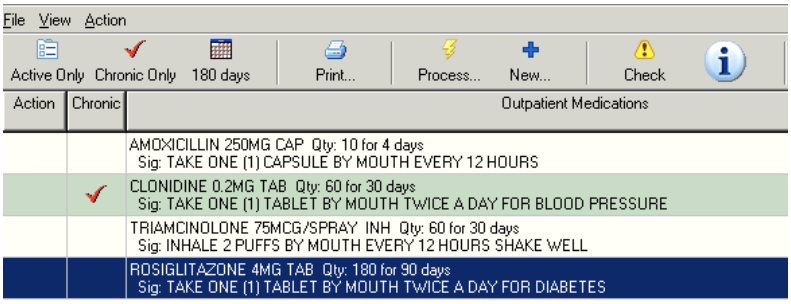
Will provide nearly real time online access to the patients medical record including meds, labs, allergies and problem list. Future plans are to provide other services such as the opportunity to request med refills. PHR will begin roll out in early 2012

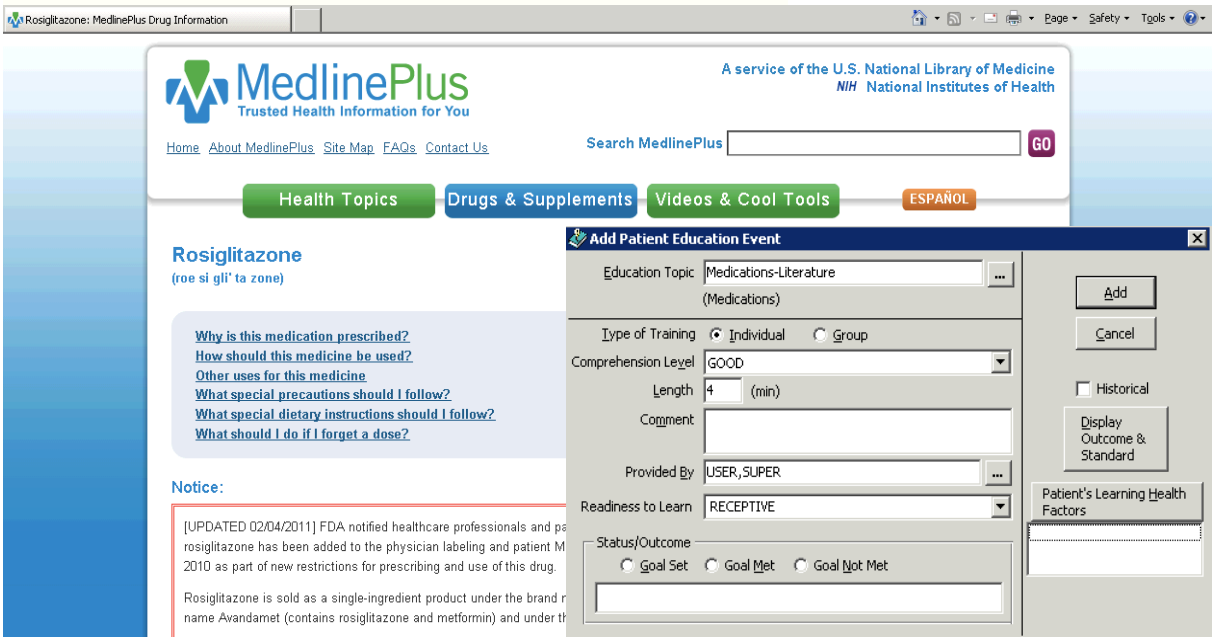
Patient Specific Educational Materials



The info button on meds, labs, and problem list/POV link to education handouts on the National Library of Medicine website as an alternative location for printing patient handouts. After printing the handout, EHR prompts you to document a patient education code with a subtopic of Literature. This counts towards MU. Any documentation of Literature will help providers achieve MU, so you may want to consider documenting it whenever you give and review a handout with the patient.

Patient Specific Educational Materials





Clinical Quality Measures

http://www.ihs.gov/meaningfuluse/pdf/CRSMUCQMReportsSimpleLogicDocument.pdf

Core Measures

- Hypertension: Blood Pressure Measurement
- Preventive Care and Screening Measure Pair
- Adult Weight Screening and Follow-Up

Alternate Core Measures

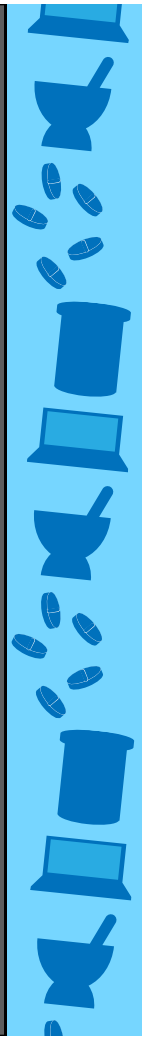
- Influenza Immunization for Patients ≥ 50 Years Old
- Weight Assessment Counseling for Children and Adolescents
- Childhood Immunization Status

Menu Set Measures

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening
24. Diabetes: Foot Exam
25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38. Diabetes: Hemoglobin A1c Control (<8.0%)

Hospital/CAH Measures

1. Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients
2. Emergency Department Throughput – admitted patients – Admission decision time to ED departure time for admitted patients
3. Ischemic stroke – Discharge on anti-thrombotics
4. Ischemic stroke – Anticoagulation for A-fib/flutter
5. Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset
6. Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
7. Ischemic stroke – Discharge on statins
8. Ischemic or hemorrhagic stroke – Stroke education
9. Ischemic or hemorrhagic stroke – Rehabilitation assessment
10. VTE prophylaxis within 24 hours of arrival
11. Intensive Care Unit VTE prophylaxis
12. Anticoagulation overlap therapy
13. Platelet monitoring on unfractionated heparin
14. VTE discharge instructions
15. Incidence of potentially preventable VTE



Many - check the list for services your pharmacy may be providing, then check the MU website for the logic to make sure that what you are documenting will count.

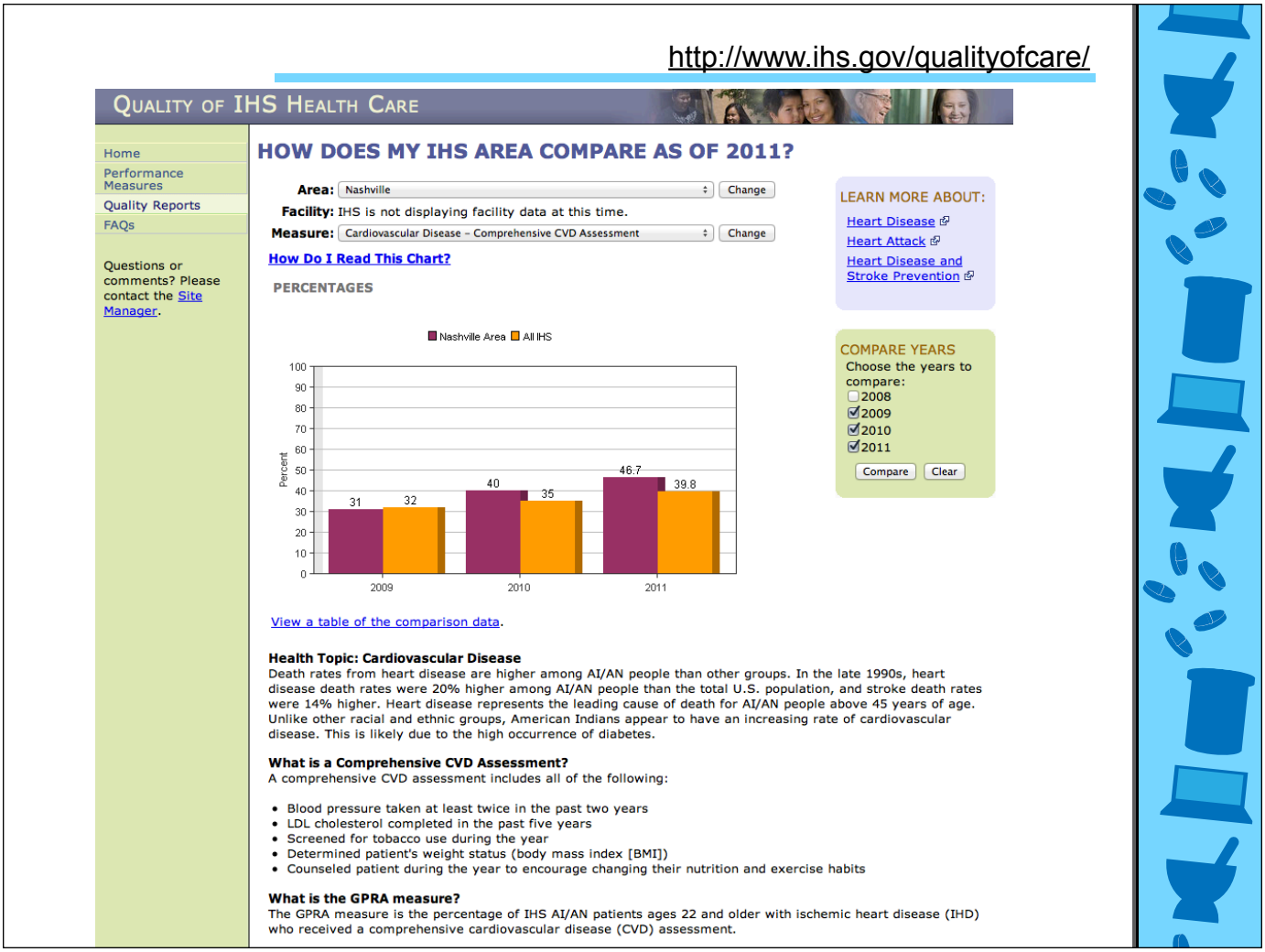
- Draft requirements available in January 2012
- Final requirements expected in June

- Anticipate:
  - Increased functionality of the PHR
  - Increased functionality of data exchange
  - ePrescribing that aligns with CMS ePrescribing program of 2009
  - Increased targets for quality measures
  - BCMA for hospitals and ERs

Other Measure Highlights

GPRA - new Quality of Care Website
PQA - Other National Measure Report

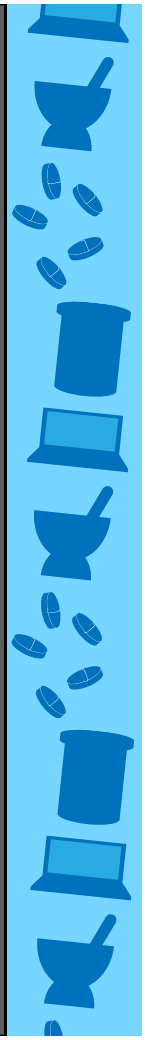
http://www.ihs.gov/qualityofcare/



New Quality of Care website that shows patients the area and national results of GPRA

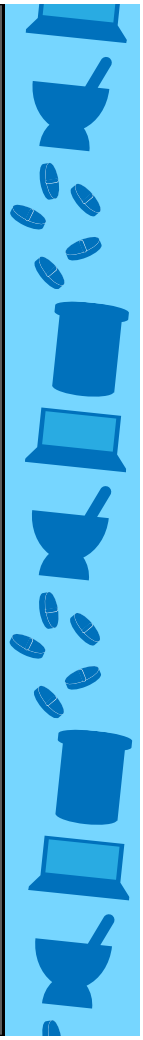
Pharmacy Quality Alliance Measures

- ACEI/ARB Use in Diabetic Patients
- Medication Therapy for Persons with Asthma
- Proportion of Days Covered and Gaps in therapy by Medication
    1. for beta-blockers during the Report Period.
    2. for ACEI/ARBs during the Report Period.
    3. for calcium channel blockers (CCB) during the Report Period.
    4. for biguanides during the Report Period.
    5. for sulfonylureas during the Report Period.
    6. for thiazolidinediones during the Report Period.
    7. for statins during the Report Period.
    8. for antiretroviral agents during the Report Period.
- Use of High Risk Medications in the Elderly
- Cholesterol Management in Coronary Artery Disease
- Medication Therapy Management
- Omitted: Diabetes dosing, Drug-drug Interaction



PQA measures have been programmed in RPMS as other national measures. Data from 151 sites has been aggregated. Results will be presented in an upcoming webex

- Meaningful Use is an ongoing project to improve standardization and interoperability of patient data
- Performance Measures
  - Screen patients for tobacco use (3 questions: smoke, smokeless, exposure)
  - Give patients the PWH as appropriate
  - Document M-MR and -L
- PHR will be released in 2012
- New quality measures (CQM and PQA)



Conclusion

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