

HealthMart'11



How to Receive Your Meaningful Use Payments

Lessons Learned from Hospital Implementations

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Rehabilitation • Nursing • Senior Housing



**Berkshire
Visiting
Nurse
Association**

The homecare division of Berkshire Medical Center



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- Meditech Client Server – 5.64
– Data Repository
- Allscripts Enterprise – 11.2



Meaningful Use

It is not a “destination” but
a “Journey”



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Meaningful Use



- Focus to Improve Quality of Care
 - Not just Stimulus Focused
- Top Down Organization Wide Focus
- Formal Topic on our Quality Agenda
 - Chief Quality Officer – Senior MD
 - Quality Committee

How did we succeed?



- Change Management
- Clinical Informatics
 - Medical Directors of Informatics
 - Nurses Hired for Project Teams
- CPOE
- Nursing Assessment
- Front Office Staff
- Back Office

Change Management



- Vision the Future State
- Evaluate Solutions
- Project Planning & Management
- Communication Planning & Management
- Education Planning & Management
- Support Planning & Management
- Control Plan
- Six Sigma

Clinical Informatics



- Medical Director(s) of Informatics
- Nursing Informatics
- Nurses Hired for Project Teams



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CPOE



- CPOE @ BHS – over 5 years
 - Hospitalists
 - Residency
- Evidence Based - Zynx
- MU Quality Measures
 - ED Admit
 - Stroke Anti-Thrombotics & Anticoagulants at Discharge (or contraindications)
 - Stroke Thrombolytics w/in 3 hours of onset or 2 hrs arrival
 - Anti-thrombotic Therapy by Day 2



CPOE–MU Quality Measures



- Stroke Discharge on Statins
- Stroke Rehab Assessment (or contradictions)
- VTE w/in 24 hours or in ICU
 - Inpatient admission order set for prophylaxis (or contradictions)
- VTE-Discharge Order Set to track status of patients on overlap therapy (Warfarin/Anticoagulant)

Nursing

- Electronically Entering
 - Vital Signs – over 90%
 - Smoking Status – over 80%
- eMAR/Bar Coded Medication Verification
 - Stroke Thrombolytics w/in 3 hours of onset or 2 hrs arrival
 - Anti-thrombotic Therapy by day 2
- Stroke – Patient Educational Materials Provided



Nursing



- Stroke – Queries for Onset
- VTE – Assessment Queries for Mechanical Prophylaxis
- VTE Patients
 - Documentation for platelet monitoring protocols
 - Assessment queries for Warfarin education

Front Office



- Advanced Directives
- ED Arrival & Departure



“Back-End” Follow-up



- “Checks & Balances”
- Plan is for data to be entered “real-time”
- But as needed “followed-up” by:
 - Clinical Documentation Specialists
 - Coders
 - Stroke Coordinator

Use the Functionality of your System



- Partner with your Vendor
- Meditech
 - Certified EHR
 - Drug Interaction Checking
 - Required Allergies before Meds are Ordered
 - Decision Support Rules
 - Drug Formulary Checking
 - Lab Results

Hardware...





Meaningful Use - Beyond Stage I

Health Information Exchange
Planning for all of the Berkshires



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Hospitals



BMC



FAIRVIEW



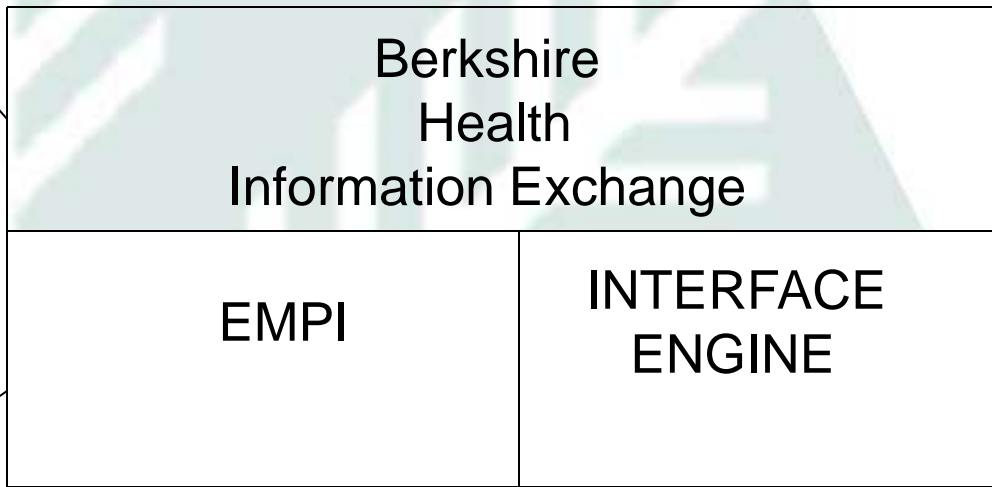
NARH



BAYSTATE



Physician Practices



Long Term Care



Visiting Nurse Association

A truly Shared EHR



- Problem List Management
- Medication List Management
- Clinical Advisory Committee
 - Employed and Community Physicians



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Beyond MU...



- ICD-10
- ACOs
- Healthcare Reform
- Reimbursement Changes
- Etc.etc.etc...



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Questions? & Thank you



Details on Core Objectives, Menu Set Objectives & Quality Measures



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Core Objectives



1 – CPOE for Medication Orders

- Objective:** Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional.
- Measure:** More than **30 percent** of all unique inpatients with at least one medication in their medication list have at least one medication order entered using CPOE.
- Status:** CPOE (including medication orders) live for inpatients. All hospitalists and residents use CPOE. Staff physicians (and physician's assistants) have the option of using it.
- Currently at **97 percent** compliance.

2 – Drug Interaction Checks

- Objective:** Implement drug-drug and drug-allergy interaction checks.
- Measure:** The eligible hospital has enabled this functionality.
- Status:** This is standard functionality in MEDITECH. Content is supplied by First Data Bank. Interaction checking is triggered in both CPOE and Pharmacy when ordering meds.

Core Objectives



3 – Maintain Problem List

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than **80 percent** of all unique in patients have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Status: Measure is met with active problems entered into the EHR by physicians, or active diagnoses entered by HIM coders.

Currently at **100 percent** compliance.

4 – Active Medication List

Objective: Maintain an active medication list.

Measure: More than **80 percent** of all unique inpatients have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Status: All inpatient medications are filed into the MEDITECH Pharmacy system, either via CPOE, or directly by pharmacists.

Currently at **100 percent** compliance.

Core Objectives



5 – Medication Allergy List

- Objective:** Maintain active medication allergy list.
- Measure:** More than **80 percent** of all unique inpatients have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.
- Status:** The MEDITECH system requires that a patient's allergies are recorded before any medications can be ordered. Warnings appear in both CPOE and Pharmacy.
- Currently at **100 percent** compliance.

6 – Record Demographics

- Objective:** Record all of the following demographics: Language, Gender, Race, Ethnicity, Date of birth, Date/Preliminary Cause of Death
- Measure:** More than **50 percent** of all unique inpatients have demographics recorded as structured data.
- Status:** All data except the date and cause of death is captured by Patient Access staff at the time of registration. Date and cause of death are entered by the physician via CPOE.
- Currently at **99 percent** compliance.

Core Objectives



7 – Record Vital Signs

- Objective:** Record and chart changes in the following vital signs: Height, Weight, Blood pressure, Calculate and display body mass index (BMI), and Plot and display growth charts for children 2-20 years, including BMI
- Measure:** For more than **50 percent** of all unique inpatients age 2 and over have height, weight, and blood pressure recorded as structured data.
- Status:** The information is captured via nursing assessment queries in MEDITECH.
Currently at **93 percent** compliance.

8 – Record Smoking Status

- Objective:** Record smoking status for patients 13 years or older.
- Measure:** More than **50 percent** of all unique inpatients 13 years old or older have smoking status recorded as structured data.
- Status:** Information is captured via nursing assessment queries in MEDITECH.
Currently at 80 percent.

Core Objectives



9 – Clinical Quality Measures

- Objective:** Report clinical quality measures to CMS.
- Measure:** Successfully report to CMS hospital clinical quality measures selected by CMS in the manner specified by CMS.
- Status:** (See Quality Measures slides for details)

10 – Clinical Decision Support Rule

- Objective:** Implement one clinical decision support rule along with the ability to track compliance with that rule.
- Measure:** Implement one clinical decision support rule.
- Status:** BHS has implemented and is tracking multiple clinical decision support rules, with documentation available for attestation. (Duplicate labs, Pharmacy non-formulary justification, etc.) The warning appears during order entry by a clinician, and both the warning and action taken (override, cancel order, etc.) are recorded.

Core Objectives



11 – Electronic Copy of Health Information

- Objective:** 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.
- Measure:** More than **50 percent** of all inpatients who request an electronic copy of their health information are provided it within 3 business days.
- Status:** A clinical summary can be downloaded and encrypted to a flash drive for the patient. The requests will be tracked via the Correspondence Module in MEDITECH.

12 – Electronic copy of discharge instructions

- Objective:** Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.
- Measure:** More than **50 percent** of all inpatients who request an electronic copy of their discharge instructions (at the time of discharge) are provided it.
- Status:** Medical Records staff has a procedure to download and encrypted to a flash drive discharge instructions. Admitting staff will provide off-hours coverage. The requests will be tracked via the Correspondence Module in MEDITECH.

Core Objectives



13 – Electronic Exchange of Clinical Information

- Objective:** Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.
- Measure:** Perform at least one test of certified EHR technology’s capacity to electronically exchange key clinical information.
- Status:** Tested the ability to transmit a CCD (Continuity of Care Document) to Allscripts.

14 – Protect Electronic Health Information

- Objective:** Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
- Measure:** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
- Status:** Consulting organization hired to complete a security risk analysis.

Menu Set Objectives

Drug Formulary Check

- Objective:** Implement Drug Formulary Check
- Measure:** The eligible hospital has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.
- Status:** Standard functionality in MEDITECH. Content is provided by First Data Bank. Formulary checks appear in both CPOE and Pharmacy when ordering meds.

Advanced Directives

- Objective:** Record advance directives for patient 65 years old or older.
- Measure:** More than **50 percent** of all unique inpatients 65 years old or older have an indication of an advance directive status recorded as structured data .
- Status:** Health Care Proxy information is entered into a query by Patient Access staff during the registration process. Currently at **100 percent**.

Patient Lists

- Objective:** Generate lists of patients by specific conditions.
- Measure:** Generate at least one report listing patients of the eligible hospital with a specific condition.
- Status:** Standard functionality via MEDITECH Abstracting Compiled Reports. The NPR Report Writer can also be used to search and report on patient conditions.

Menu Set Objectives

Clinical Lab Results

- Objective:** Incorporate clinical lab test results into EHR as structured data.
- Measure:** More than **40 percent** of all clinical lab test results ordered by an authorized provider for inpatients during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
- Status:** It is standard functionality in MEDITECH for lab results to interface with the EMR. Currently at **100 percent** compliance.

Reportable Lab Results to Public Health Agencies

- Objective:** Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission according to applicable law and practice.
- Measure:** Perform at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital submits such information has the capacity to receive the information electronically).
- Status:** External Lab interfaces are currently available and functioning in MEDITECH. As yet, no public health agency has requested, or is ready to receive, electronic lab results.

Quality Measures

Emergency Department Throughput Times

Measure 1: Track arrival time through inpatient admission time (time out of department)

Measure 2: Track decision to admit inpatient (admission order) to inpatient admission time

Status: Arrival and departure time are recorded by clerical staff via standard functionality in EDM.

Admission order date and time are recorded in CPOE when entered by the physician.

There are no percentages to meet, hospitals are only required to demonstrate the ability to track the data.

Quality Measures

Stroke Patient Tracking

- Denominator:** Patients over 18 with stroke diagnosis and no contraindications (comfort measures, clinical trials, elective surgery, carotid interventions). Also excludes AMA or expired pts.
- Measure 2:** Anti-thrombotics (or contraindications) at discharge
CPOE – Discharge order set for anti-thrombotics or contraindications
- Measure 3:** Anticoagulants (or contraindications) for A Fib/Flutter at discharge
CPOE – Discharge order set for anticoagulants or contraindications
- Measure 4:** Thrombolytics (or contraindications) within 3 hours of onset, if arrival within 2 hours
EDM – Triage queries for onset date and time
CPOE – ED Stroke order set for thrombolytics or contraindications
eMAR – Medication administration times
- Measure 5:** Anti-thrombotic therapy (or contraindications) by day 2
CPOE – Inpatient admission order set for anti-thrombotics or contraindications
eMAR – Medication administration times

Quality Measures

Stroke Patient Tracking

- Measure 6:** Discharged on statins (or contraindications)
CPOE – Discharge order set for statins or contraindications
- Measure 8:** Patient education materials provided
PCS – Nursing assessment queries for stroke education
- Measure 10:** Rehab assessment done
CPOE – Inpatient admission order set for rehab assessment or contraindications
- Status:** Data will be entered “real-time” whenever possible, and will be tracked by the stroke coordinator and entered retroactively when needed.

Quality Measures

VTE Patient Tracking

Denominator: Patients over 18 without a confirmed diagnosis of VTE and no contraindications (comfort measures, clinical trials). Excludes Obstetrics patients.

Measure 1: Prophylaxis (or contraindications) within 24 hours

CPOE – Inpatient admission order set for prophylaxis or contraindications
PCS – Nursing assessment queries for mechanical prophylaxis

Measure 2: Prophylaxis (or contraindications) in ICU

CPOE – Inpatient admission order set for prophylaxis or contraindications
PCS – Nursing assessment queries for mechanical prophylaxis

Status: There are no percentages to meet; we are over **80 percent**

Quality Measures

VTE Patient Tracking

- Denominator:** Patients over 18 with a confirmed diagnosis of VTE and no contraindications (comfort measures, clinical trials).
- Measure 3:** Track status of patients on overlap therapy (Warfarin/anticoagulant) at discharge
CPOE – Discharge order set for overlap therapy
- Measure 4:** Platelet monitoring for patients on unfractionated heparin
PCS – Nursing documentation for platelet monitoring protocol
- Measure 5:** Discharge instructions/patient education for patients discharged on Warfarin
CPOE – Discharge order set for Warfarin
PCS – Nursing assessment queries for Warfarin education
- Measure 6:** Incidence of potentially preventable VTE
Abstracting – standard functionality for “present on admission” diagnosis flag entered by HIM coders
- Status:** Data will be entered “real-time” whenever possible, but will be tracked by HIM coders and entered retroactively when needed.

There are no percentages to meet; we are over **90 percent**.