

Lessons Learned from Physician Office Implementations

Central Massachusetts Independent Physician Association
(CMIPA)

Gail Sillman, Executive Vice President

Denise Scott, MM, RN-BC, Director Clinical Integration & Quality

CMIPA

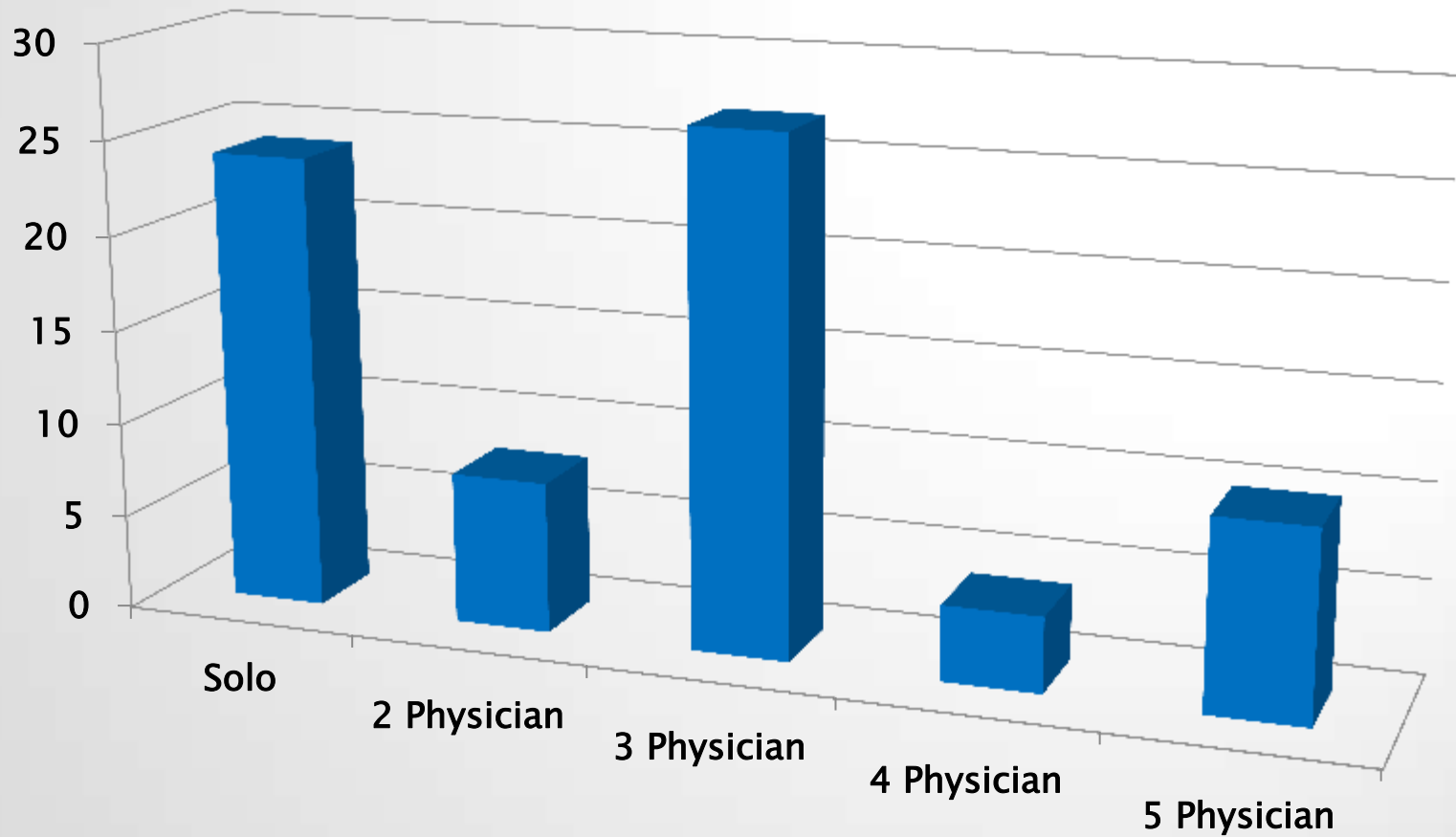
»» Gail Sillman
Executive Vice President

CMIPA – Who Are We?

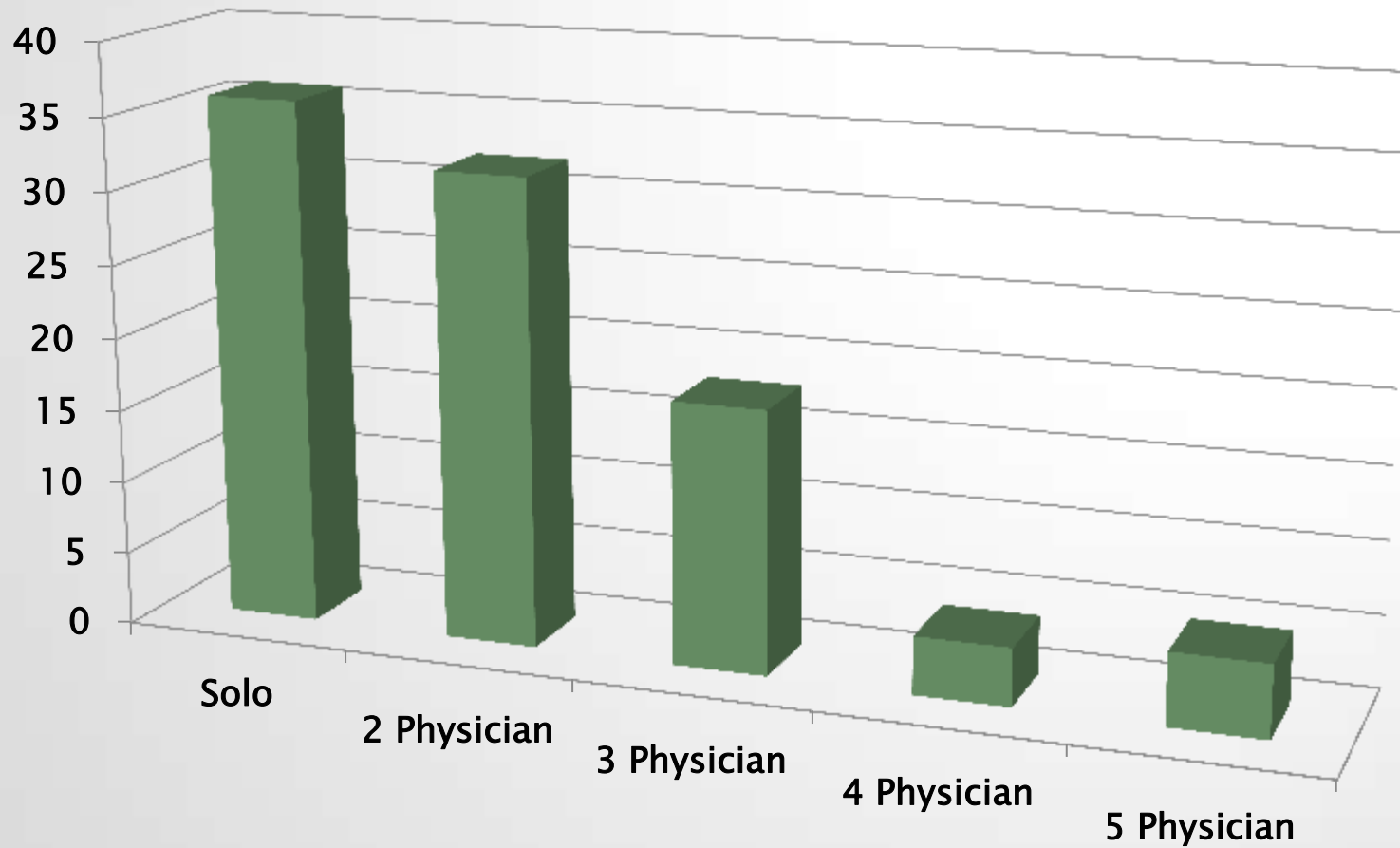
- ▶ Largest independent physician group in Central Massachusetts
 - >160 PCPs and specialists
- ▶ Non-hospital affiliated
- ▶ 90% practice in 1,2 or 3 physician offices
 - 37% – solo
 - 25% – 2 providers
 - 28% – 3 providers



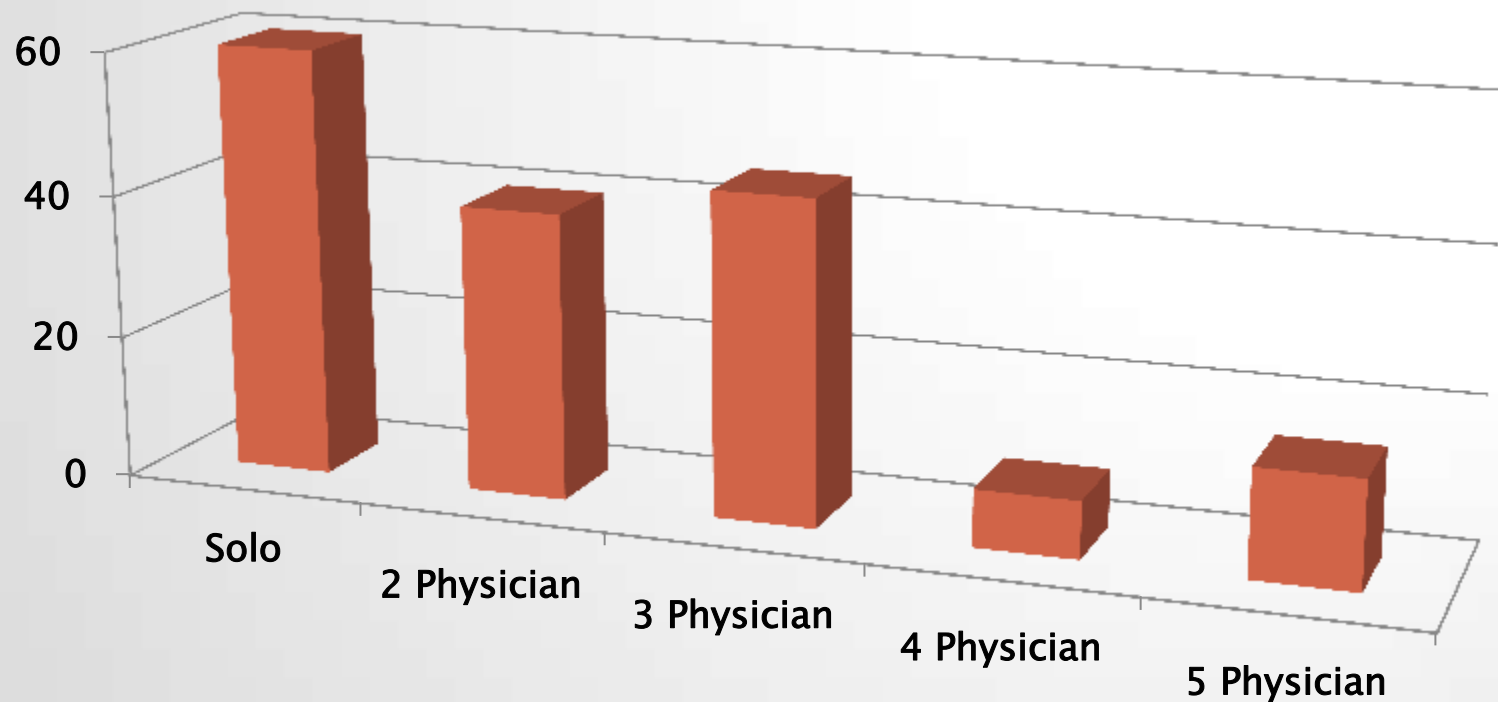
PCP Practice Size



Specialist Practice Size



IPA Practice Size Distribution



EHR Initiative



- ▶ All PCPs live on EHR by December 2010
 - 8 Different EHRs in PCP Offices
 - *Allscripts MyWay*
 - *Athena*
 - *Amazing Charts*
 - *eClinical Works*
 - *GE Centricity*
 - *Ingenix Caretracker*
 - *Lytec MD*
 - *SpringChart*

- ▶ All Specialists needed signed EHR contract by December 2010
 - 15 different EHRs in Specialist Offices
 - 9 Specialty-Specific EHRs

Challenges at CMIPA



- ▶ 17 Disparate EHRs – some better than others
 - Early adopters (2001–2006)
 - Currently implementing
- ▶ 93 independent practices & locations
- ▶ Small staff size in offices
- ▶ Expense of EHR & training/support
- ▶ Anticipation of EHR Incentive dollars
- ▶ Time & effort to meet the measures
- ▶ Changing landscape of healthcare



Communication

- ▶ **User Group** meetings for major EHR vendor-specific education
- ▶ **Practice Transformation Work Group**
 - Meetings held monthly
 - PCP office staff meet separate from specialists
- ▶ **Quarterly POD Meetings** –Adult, Pedi, Specialties
 - Payor reports
 - P4P measure EHR specifics
- ▶ **Lunch & Learn Meetings**
- ▶ **Informational Webinars**
- ▶ **Educational Webinars**
- ▶ **Individual office support**



For more CMIPA News
Visit Our Website at:
WWW.CMIPA.COM
For questions call:
508-438-1100

CMIPA
Central Massachusetts Independent
Physician Association, LLC

September 2011
Volume 7 Issue 5

CMIPA'S NEWSLETTER

WELCOME BACK!

We hope you enjoyed your summer. As we resume our normal routines, CMIPA is looking forward to seeing our members and their office staff at our upcoming meetings and events!

NOVEMBER IS DIABETES MONTH

- We are pleased to announce that our CMIPA Diabetes Education Program recently received accreditation from the American Association of Diabetes Educators! The CMIPA Diabetes Program continues to be successful in providing high quality diabetes training and support services to promote empowerment of our patients to live healthy and independent lives. Diabetes Self-Management Education is provided by Joan Hill, RD, CDE, LDN and Linda Kelleher, RD, LDN, LPN, CDE.
- Please be sure to attend the upcoming POD meetings where diabetes measures for surplus and Meaningful Use will be discussed.
- We encourage our practices to join our Practice Transformation Workgroup. In October we will be discussing diabetes measures for Meaningful Use!

Upcoming Meetings:

Adult POD Meetings
Tuesday, Sept. 20
Tuesday, Nov. 15
6:00 – 8:00 pm
SVH Conf. Room "C"

CMIPA Membership Meeting
Friday, Sept. 23
6:00 – 8:00 pm
SVH Conf. Room 5 North

CMIPA FULL Member Meeting
Tuesday, Sept. 27
6:00 – 8:00 pm
Beechwood Hotel

Challenges and Lessons Learned When Trying to Meet Meaningful Use

»» Denise Scott, MM, RN-BC
Director Clinical Integration &
Quality

EHRs & Meaningful Use

Goals:

Facilitate sustainable changes

Promote team approach

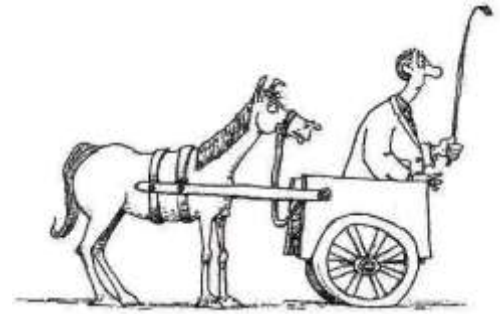
Redesign workflows to meet

meaningful use measures 100% of the time

- ▶ Optimize EHR use
- ▶ Transform the who and how
- ▶ Provide small bits of information
- ▶ At convenient time for staff and providers
- ▶ Not focusing on the thresholds



Approach



- ▶ POD Meetings starting July 2010 –shared meaningful use registration information
- ▶ Meaningful Use Readiness Assessment
- ▶ Considered REC involvement
- ▶ Focus – EHR optimization – not MU alone
- ▶ Physicians chose common quality measures
 - P4P Surplus CQMs for Meaningful Use
- ▶ Workflow and staff involvement
- ▶ Communication – PTWG, newsletters, PODS

Spreading the “How-To”

- ▶ 10 Webinars created
 - 15 Core Measures
 - 7/10 Menu Set measures (most attainable)
 - 6 CQM measures
- ▶ Delivered twice a week – T–W or Th
- ▶ One hour or less
 - 12:15–1:15pm or 1:15–2:15pm
- ▶ April – June
- ▶ Q & A at every session
- ▶ Polls
- ▶ Slides, resources and recordings available



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Meaningful Use Webinar Registration

WEBINAR SESSION “A”

Topics to be covered
Introduction to MU webinars
Core measure - Demographics
Core measure – Smoking

Thursday, April 14th at 12:15pm
OR
 Wednesday, April 20th at 1:15pm

Please RSVP by Tuesday, April 12th, 2011 via Fax, Email or Telephone.
- Fax this notice to 508-438-0236



MEANINGFUL USE WEBINAR CALENDAR

April 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14 A 12:15	15	16
17	18	19 B 12:15	20 A 1:15	21	22	23
24	25	26 C 12:15	27 B 1:15	28	29	30
1	2	3 D 1:15	4	5 C 1:15	6	7

TOPICS:

Webinar A:

Introduction

Demographics

Smoking

Webinar B:

Vital Signs

Med List

Med Allergy List

Webinar C:

E-Prescribing

**Drug-Drug/
Drug-Allergy**

CPOE

Drug Formulary

Webinar D:

Problem List

Clinical Summary

Educational Format

Core Measure

Menu Set Measure

Data

Workflow

Technology

Staff Role

Exclusion

Attestation

Menu Set Measure – Patient Electronic Access

- ▶ Provide patients with timely electronic access to their health information (within 4 business days of the information being available to the EP)

Lab results

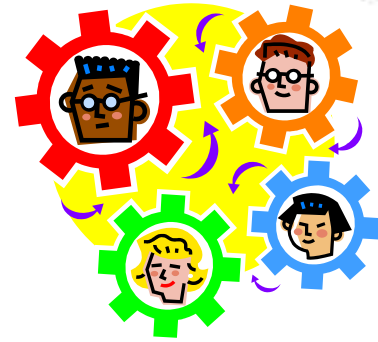
Problem list

Medication list

Allergies

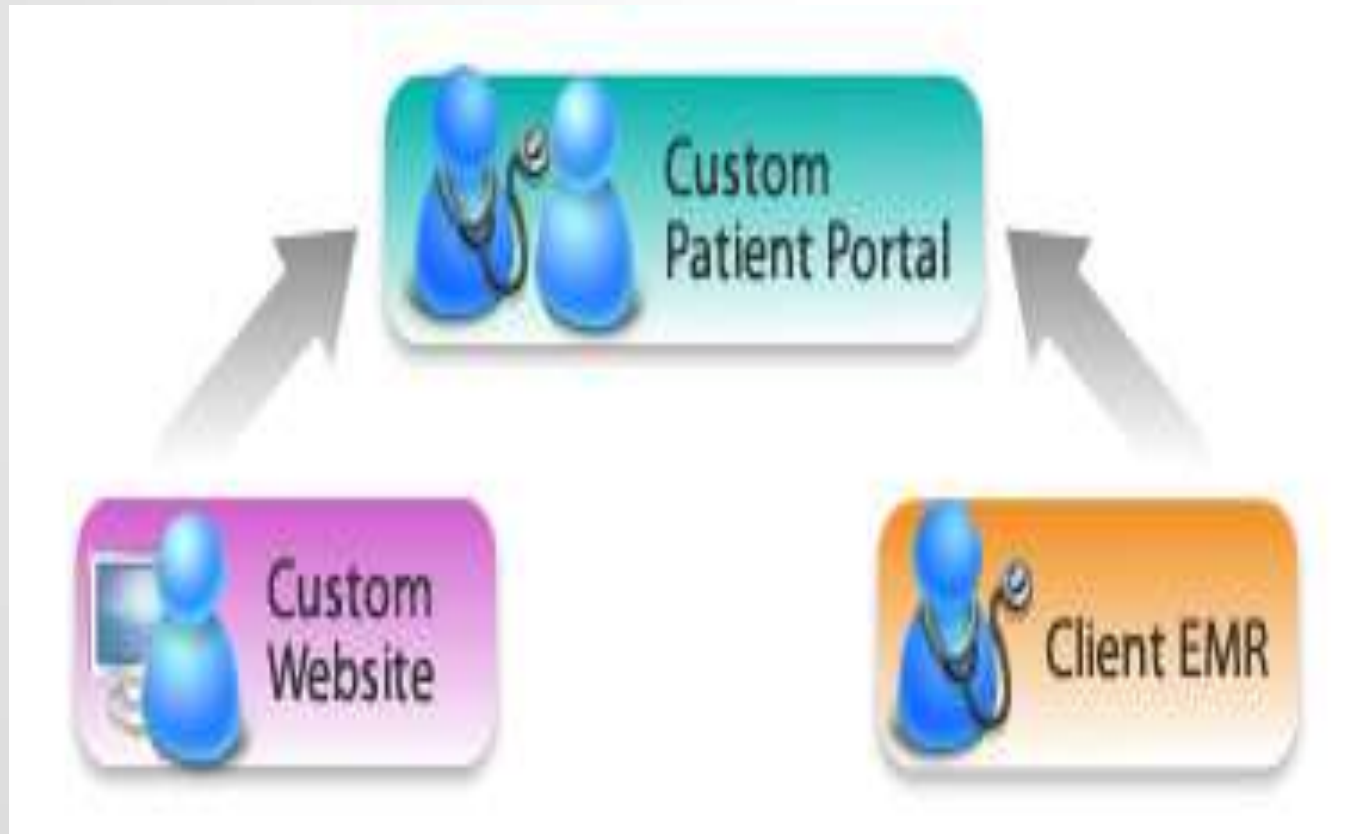


Workflow



- ▶ Are problem lists, medication lists and medication allergies being captured consistently in the EHR as structured data?
- ▶ Are all labs being ordered in the EHR even if you do not have a bi-directional lab interface?
- ▶ Are any key data elements being manually entered as structured data? (HbA1c)
- ▶ Does your office currently have a website?
- ▶ Do any of your patients have PHRs? Do you ask?
- ▶ Are all staff aware of their roles?

Elements of a Portal



Technology



▶ EHR / Portal or PHR

At least 10 percent of all unique patients seen by the EP are provided timely electronic access to their health information (available to the patient within four business days of being updated in the certified EHR technology)

****Subject to the EP's discretion to withhold certain information*

Staff Role

- Providers
- MA/Nurse
- Administrative staff



Resources



Eligible Professional Meaningful Use Menu Set Measures Measure 5 of 10

Stage 1

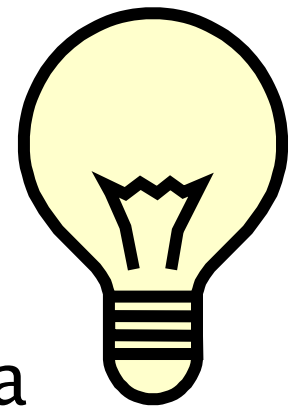
Date issued: November 7, 2010

Patient Electronic Access	
Objective	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.
Measure	At least 10 percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.
Exclusion	Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period.

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information

Things to Remember



- ▶ Online electronic access through either a patient portal or PHR will satisfy the measure
- ▶ At a minimum, certified EHR technology makes available lab results, problem list, medication list and medication allergy list
- ▶ The measure focus is on the availability of access and the timeliness of data, not utilization *(not responsible for ensuring 10% request access or have means to access, only that 10% seen by EP could access if they desired)*

Exclusion



- ▶ Any EP that doesn't order or create lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period (or other information as listed at 45 CFR 170.304(g))

...can attest to exclusion from this measure

EPs must select “No” next to the appropriate exclusion, then click “Apply” to attest to exclusion from this requirement

Attestation – Numerator/Denominator

- ▶ Denominator – Number of unique patients seen by the EP during the EHR reporting period
- ▶ Numerator – Number of patients in the denominator who have timely electronic access to their health information online available within four business days of being updated in the certified EHR technology

▶ Must exceed 10%

Example: $\frac{13}{100}$

Challenges

- ▶ **Registration process**
 - PECOS, NPPES, 3rd Party
- ▶ **Measures**
 - Complexity
 - Reaching the thresholds
 - Staff support – Race, Ethnicity
 - Incorrect information – lots of experts
- ▶ **EHR**
 - Products that need “fixes” to meet MU
 - Wide variation in ease of use
- ▶ **Support challenges**
 - Limited vendor/reseller knowledge
 - Revolving training staff
 - Incomplete/delayed support responses
- ▶ **Lack of Medicaid incentive program**



Practice Challenges



- ▶ **Revision of policies /forms**
 - Waive responsibility for securing PHI
- ▶ **Workflow redesign**
 - Incorporate MU measures and staff role changes
- ▶ **Insufficient EHR Set-up**
 - Templates, order sets, alerts, reminders
- ▶ **Physicians**
 - eRx, Labs, CPOE, coders – billing, CQMs, problem lists
 - Documentation for Clinical summary, Med Rec, Pt. education
- ▶ **Unwritten Policies**
 - Privacy & security w/consequences
 - Security risk analysis
- ▶ **Attestation**
 - CQM format not available until attesting (Exclusions)
 - Finding the right EHR Certification number

Did You Read the Fine Print?

- ▶ Operationalizing the measures requires deeper understanding of measure specifications and technical specifications
 - Patient education
 - Electronic exchange of clinical information
 - CQMs
- ▶ All staff need to help satisfy the measures
 - eRx
 - Clinical summaries
 - CQMs
 - Requests for copy of health information



What worked?



Webinars

- ▶ Format of webinars– making it “real”
- ▶ Providing tools, resources, links
- ▶ Ability to ask questions...and get answers

Communication

- ▶ Product specific assistance
- ▶ Networking with peers
- ▶ Continued communication at meetings
- ▶ Sharing tips and updates as they appear

On-site Assistance

Lessons Learned

- ▶ Small practices need assistance
- ▶ Physicians need to be involved
- ▶ EHR products have posed challenges
- ▶ EHRs don't necessarily capture all info needed to meet MU
- ▶ MU won't happen with data alone
- ▶ Dashboards need to be verified for accuracy
- ▶ Save copies/screenshots of all reports (audit)



Lessons Learned

- ▶ Challenging to get answers from CMS
- ▶ It is easier for specialists to meet MU
- ▶ Lab measure not realistic w/o interface
- ▶ Limited understanding of what it takes to make a measure “happen”
- ▶ MU efforts need to be sustainable
- ▶ MU is very attainable!



Helpful Resources

- ▶ <http://www.cms.gov/apps/ehr/>
- ▶ <http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3697>
- ▶ <http://healthit.hhs.gov/pdf/cybersecurity/Basic-Security-for-the-Small-Healthcare-Practice-Checklists.pdf>

Contact Information

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Questions

